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ORIGINAL COMMUNICATIONS.

Lectures on Scarlet Fever. BY CASPAR MORRIS, M. D., late
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LECTURE VIII.

While, as we have seen, death occasionally defies our best directed efforts, and terminates the course of even *simple* scarlet fever, either as the result of some unexpected local inflammation, or, more often, of one of the sequelæ of the disease; and with greater, though still varying frequency, occurs in all stages of the *anginose* variety—the *malignant* form more often sets at defiance the utmost energy of treatment, even when directed by the most consummate skill. Your memory will not have failed to retain the melancholy picture of its ravages in the earlier period of the settlement of this country, as drawn by Dr. Kearsley; and similar vestiges of its progress have been left in all parts of Europe, as well as in every age, of the diseases of which we possess any history sufficiently accurate to enable us to distinguish

them clearly. The very term *malignant*, conveys, even to the unprofessional ear, the idea of great danger, and in the language of medicine is meant to express a great tendency to the prostration of the vital forces. The knowledge of the lethal character of this form of the disease, should, however, lead to no despondency on your part, but rather stimulate you to more determined effort to rescue the patient, and increase the triumph of medical science. There are many other diseases which partake more or less, at different times, of this tendency to prostration. Between them and malignant scarlet fever, there is this, however, very important point of difference, that in this the local lesions are very severe, and often in themselves sufficient to cause death, even though the vital energy were not impaired by the peculiar character of the case.

A theory which taught that in this, as in the kindred forms of fever characterized by the same tendency to rapid decline of vital power, there was a previous stage of excitement of greater or less intensity, upon which the subsequent depression depended, not as a mere sequence, but as the effect upon a cause, was at one time generally received, and exerted a most deleterious influence on the interests of medical science. Discarded now by most authorities from its position in connection with other fevers, it still exhibits some lingering traces of its influence in a few of even the more modern writers on this disease. Those who adopted this view, recommended in strong terms the prompt resort to an antiphlogistic treatment of the early stage, under the impression of the fallacious hope that by such measures they would diminish the primary reaction, and thus avert the consequent depression; and there are not wanting authors of even a recent date, who still teach this erroneous view; and who strongly recommend the prompt resort to bleeding, vomiting, and purging. When called early to these cases, they do not hesitate to direct an antimonial emetic, followed by an active mercurial purgative, nor do they shrink from a prompt and decided bleeding if these fail. They assert that "this treatment, if adopted at the onset of the symptoms, will generally, not only moderate the fever, but shorten the duration and violence of the disease."

Nor is this view, and the practice founded on it, confined to Eu-

ropean physicians. One of the most authoritative of our own writers on the diseases of children, my friend Dr. Condie, has adopted them to their full extent, and claims for his practice a degree of success which justifies the positive terms in which he commends his views. "In a table of two hundred and sixty-eight cases, occurring during different epidemics of considerable extent and severity, and treated on the plan laid down by him, (into which bleeding, calomel in full doses, and castor oil with spirits of turpentine, as purgatives, enter,) two hundred and twenty-three recoveries, and forty-five deaths are enumerated." Dr. C. asserts of the treatment he recommends, that "when judiciously carried into execution, it is calculated to disarm the disease of its 'malignancy' and to prevent the necessity for a resort to powerful cordials, tonics and antiseptics, in the advanced period of the attack, to remove the putrid symptoms when they show themselves." "The bold and indiscriminate use of the lancet," Dr. C. "strongly objects to; but of the good effects a cautious use of blood-letting in the manner and under the circumstances directed, is calculated to produce, he speaks from actual observation." "It is," adds Dr. C. "unquestionably, in a large number of cases, the only 'restorative and tonic' upon which any confidence can be placed." In thus setting before you the testimony of Dr. Condie, I have designed to furnish you with the strongest statements in favor of a well directed antiphlogistic treatment.

I need not repeat what I have already told you when treating of the other forms of this disease, nor inform you again that, believing the primary influence of the cause to be depression, I cannot adopt the view which assigns to its first impression a sthenic character. If bleeding, and antimonials, and purgatives are inappropriate to the simple anginose form, much less are they required in that now under consideration; and Dr. R. Williams, after a careful investigation of the history of the epidemics which have prevailed from 1763 to 1834, asserts, with regard to scarlet fever in general, "that the chances of recovery are diminished by the practice of bleeding, in the ratio of nearly four to one, as compared with the chances supposing the patient not to have been bled."

With this expression, my own observation is coincident, and

you will find my views sustained by not a few authorities of deserved repute. Dr. Fothergill, than whom a more accurate, careful observer, or more honest writer, cannot be found, when he sums up his views of the practice and treatment of this disease, of which it is evident he saw the *malignant form*, asserts, "that a cordial, alexipharmic, warm regimen has been found by experience to be of the most use in such cases," and condemns as injurious, "bleeding, purging, and antiphlogistics liberally employed." He says: "In some of the first cases I met with, the quickness of the pulse, the degree of heat, the apparent inflammatory redness of the eyes and face, and pain in the head, sometimes urged me to order bleeding, especially if there were any marks of plethora; but in these cases it did not appear to have any advantageous effects; so that notwithstanding the vehemency of the symptoms above mentioned, it seems proper in general to omit this evacuation."

Dr. Kearsley, speaking of the disease as it appeared in Philadelphia in 1746, says: "The pulse was generally full and quick, yet attended with some remissions and even sinkings, but it most commonly kept up those deceiving strokes which sometimes but very improperly indicate the use of the lancet." "Although most of the symptoms in the beginning of this disease, as well as the fulness of the pulse, appeared to point out to us the necessity of bleeding, yet, should we have complied with the indication, it would have proved a fatal error." That this opinion was the result of observation is proved by the remark, that "the blood which has been drawn away in these cases has been often observed to have a tenacious glue upon the surface, and yet, nevertheless, it has been found underneath to be broken, loose and divided in its texture, and has also thereon very evident marks of a putrid gore which must and does increase by bleeding." "One bloodletting may make a difference of a change from a texture that, with proper management, would have carried a patient through the sickness with safety, to no texture at all, but a total dissolution of all animal fluids which must in course terminate in death. Of such vast consequence is this one article of bleeding, that it has been my choice to give this caution against it in the strongest terms." Dr. Burrows in an interesting article on this disease, in the library of Practical Medi-

cine, remarks of the malignant form, that, "it quickly indicates its formidable nature by the sudden depression of the vital powers. If bloodletting from the arm be a remedy of doubtful propriety in the two former varieties, it is here hazardous in the extreme." Dr. Chapman says, "The abstraction of blood appears to be required by the loaded state of the organs, and contraindicated by the depression of the vital energies. My own conviction is, that it should not be hazarded, unless reaction is pretty firmly established, the circulation in some force, and the skin warm, and even then is to be resorted to with extreme circumspection." And with regard to the general applicability of bloodletting as a remedy in any form of Scarlet Fever he says: "it is true that the loss of blood has no direct curative tendency in the disease, it only abating action, without changing or subverting it; and is usually not well borne to any extent. It is not safe to detract it with the same freedom as in more purely phlegmasial affections, or perhaps, to the amount that the existing indications in the case would seem to demand. Collapse, frightful and sometimes even fatal, I have repeatedly seen to result from an abuse of the practice, and it is always hazardous in an advanced stage of the disease."

Dr. J. Forsyth Meigs, in his able work on the diseases of children, after producing the testimony of many distinguished writers on this disease to the doubtful tendency of a resort to bloodletting, says: "On the whole, it is clear, I think, that the weight of evidence is against bloodletting to any considerable extent, in grave cases. If used at all, it is only to be used in the earliest period, and even then with great caution. My own opinion, derived from personal experience, is as follows:—I believe that I have seen general depletion useful in several cases of the regular form, in which there was a tendency to the grave form, shown by the presence of excessive reaction, and still more by great jactitation and irritability, alternating with drowsiness and delirium. But in those sudden attacks of the disease, in which it assumes from the very start the terrible symptoms which threaten extreme danger to the patient, in which we find the child within a few hours of the onset, delirious or comatose, or laboring under convulsions, convulsive movements or contractions, in which the eruption is imperfect or scanty, or copious and of a

deep livid tint ; in which in other words there are either strongly marked ataxic or adynamic symptoms, general bloodletting has never seemed to me at all advantageous, and I have several times feared that it had been injurious. As to leeches, I have never known them to be really useful but in one case, and in that they were used sparingly, and after an interval of two days. In all other cases they appeared to be without any effect."

I might swell largely the list of authors who have either condemned depletion entirely, or expressed their doubt of its fitness to the treatment and proposed its employment with caution ; but I have adduced testimony enough to prove to you that observation, places depletion among the remedies of doubtful value, to say the least of it, and thus confirms the view, derived from reasoning on the nature of the disease, its origin and course, which I have endeavored to impress upon you.

But though blood-letting, antimonial emetics, and antiphlogistic treatment, are all, for the same reason, excluded from our list of remedies in the malignant as well as the other forms of scarlet fever, a simple emetic of ipecacuanha, or infusion of *Eupatorium perfoliatum*, the thoroughwort or bone-set, of our own meadows, may be given in the commencement of a case, with decided advantage. It evacuates the *primæ viæ*, and produces a strong determination toward the surface, without leaving any secondary depression of the vital forces, or exhaustion, such as follows the use of antimonials.

The action of this having been accomplished, your attention should at once be given to the support of the vital power, which will be found flagging from the very commencement in many cases, and to the arrest of the local lesions in the fauces and pharynx. The capsicum is here an agent of great value, acting at once to the fulfilment of both indications. We are indebted to the West India practitioners for the introduction of this remedy to our notice in this disease. We have been taught to look upon it as a simple stimulant, without any direct impression on the general system, and that it acts upon this in a secondary manner, through the increased energy it communicates to the stomach. My observation of its effects in these cases of scarlet fever, does not permit me to adopt this as the only mode in which it promotes the recovery of the patient. It must stimu-

late the exhausted nervous forces, if no farther than to enable the stomach to appropriate properly the nourishment presented to it. While it thus acts advantageously on the general system, the local impression on the throat is equally beneficial. Though the first sensation produced is one of increased heat, this soon passes away, and is followed by a sense of relief from the tension and soreness which aggravate, so materially, the sufferings of the patient.

I have conducted many cases to a favorable conclusion by these remedies alone, giving the capsicum in the manner suggested, when treating of the form of the disease last under notice, and supporting the strength of the patient by animal broth.

Purgatives have been recommended in this as in the other forms of the disease, even by those who condemn other antiphlogistic treatment; especially calomel, either in combination with those articles usually united with it to secure its prompt action, or followed by castor oil and spirits of turpentine. The object proposed by this treatment, is to promote a free secretion from the viscera, and, as is supposed, remove a load which is thought to oppress the vital energy. The reasoning is, I think erroneous, and the practice founded on it pernicious. The congested condition of the vascular system, and the suspension of secretory action, are dependent on the diminution of the vital forces, and not the cause of that depression; and it were as contrary to common reason to bleed a porter struggling to support a load beyond his power, as to resort to any remedy which diminishes vital force in the malignant form of scarlet fever. In no instance have I seen any advantage result from the use of a mercurial in any form or stage of the disease. Mr. Colden and Dr. Kearsley, however, coincide in the assertion that Dr. Douglass of Boston commends its use, in strong terms, in the malignant form, and even urged it to the extent of salivation. I have not been able to procure a copy of the original work of Dr. Douglass. He wrote, however, at a period when the influence of mercury was thought to be almost omnipotent, and when it was employed with but little discrimination or knowledge of its character, in almost all forms of disease.

My mode of treating these cases, may be illustrated by the record of my experience in one family. It was that of a

widow who had been compelled to leave her children without protection, while she returned to England to secure a bequest. The oldest was a girl of about fifteen years.—She and two others were seized simultaneously with scarlet fever. I found her lying, insensible, on the bed, the whole surface of a mulberry hue, the pulse too frequent to be counted, perfect stupor and extreme jactitation, the throat swollen so as entirely to prevent deglutition, the fauces covered with ash colored deposit, a foetid ichor distilling from the nostrils, the eyes injected and upturned. The two other cases presented the usual marks of the severe anginose form. I at once secured the services of a judicious nurse, and in order to call out the utmost exertion of her care and effort, I told her, that though severe, the worst case was not hopeless, and that I was so conscious that the best medical advice would be useless without the aid of good nursing, that I was willing she should have all the credit of her recovery if it were accomplished. I furnished her with a syringe, and introduced a stomach tube through the nostrils. Wine whey, beef broth, highly seasoned with capsicum, and quinine, were injected into the stomach at stated intervals, while the solution of sulphate of copper, and compound capsicum infusion were employed as local applications to the throat, by means of a syringe. Convulsions occurred within a few hours; three days she lay in the condition described, the only evidence of consciousness afforded, was in the resistance she opposed to treatment. On the fourth day the jactitation diminished, and there was a manifest abatement of the stupor, and much to my gratification, she recovered without any sequelæ being developed. The other cases were treated in the simple manner described when speaking of the anginose form, and with an equally happy result.

The application of cold to the surface, and the use of ice internally, has been advocated by some authors even in this form of the disease. I need hardly say that the sedative impression of cold, is as much to be avoided as that of any other agent, but where the skin is hot and dry and the eruption is very abundant, great benefit results from the tepid sponging, and the addition of a small quantity of vinegar or whiskey to the water is advantageous. In the first few hours of a case, or when there is still sufficient intelligence remaining to enable the patient to manage

the ice, it may be employed for the mitigation of the suffering from the angina. Several authors speak of fatal collapse following the injudicious resort to external cold.

Dr. Meigs furnishes us with a quotation from Dr. Currie, to whom we owe the introduction of this treatment, which proves that he did not consider it appropriate. The cases to which he refers as "purpurata," are those which I include under the head of malignant, and to such, Dr. C. says, "the cold effusion is scarcely applicable, and tepid effusion makes little impression. In my experience, indeed, all remedies have been equally unsuccessful. It outstrips in rapidity, and it equals in fatality the purple confluent small-pox, to which it may be compared." The internal use of ice in these cases is too often forbidden by the stupor and delirium. Where these do not prevent, it may be resorted to with the same advantage as in the common anginose form. Where there is decided ulceration and sloughing of the throat, great benefit may be derived from the injection of chloride of soda. I have never used it myself, having always relied upon the same injections in these cases as in the more severe instances of the anginose variety. The capsicum wash there mentioned, is best suited to this form of the disease. The internal use of a weak solution of the chloride of soda has been strongly recommended by Dr. Jackson of Northumberland, who reports many cases in his own practice, and that of his friends, which recovered under the use of this remedy and ice. Its antiseptic qualities have caused it to be employed internally in this as well as in other forms of adynamic fever, but, I believe, with little benefit which could be fairly attributed to this remedy alone.

No attempt should be made to separate the sloughs or detach the deposits from the mucous membrane of the throat, either by mechanical means or by harshly stimulating washes. Fatal hemorrhage is sometimes brought about by this rude interference, or the tendency to gangrene aggravated by it.

The local abstraction of blood from the neck in these cases, can not be too strongly condemned. It can no more arrest the progress of the inflammation of the fauces, than it can that of an external part tending to gangrene. The bites of the leeches do not heal, but continue to permit the leakage of a thin bloody

serum, till they take on a low grade of inflammation themselves, which results either in sphacelus, or spreading ulcers. The remark is equally applicable to the use of blisters, which almost always, either slough or ulcerate, and have not unfrequently proved the cause of death even after the sufferer had struggled through the disease for the relief of which they were employed.

Carbonate of ammonia has been highly commended by some authors in this form of disease. One insuperable obstacle to its use, is found in the difficulty of deglutition. Even in those forms of low fever which are free from angina, the pungent character of the remedy makes it difficult of administration, and where there is much swelling or ulceration, it would be impossible that it could be swallowed, especially by a child.

Musk, too, and camphor, have their advocates in those cases where the nervous symptoms predominate. I do not believe they possess any special virtues which entitle them to favor, and prefer depending on a few tried and proved friends, to the resort to many other articles of questionable powers. The rational indications are met by those I have recommended, and on them you may safely rely.

In those *irregular* cases which I have described, it is impossible to direct any plan of treatment. There is no specific for scarlet fever, even in its well developed forms. You will observe, I have endeavored to indicate to you the symptoms, and to deduce from them a treatment based on the known rules which regulate the human economy in health and disease. Where these laws cease to exert a control, the physician must be guided by his own discretion in each case as it presents itself.

Warm, stimulating, spirituous baths, or vapor baths, may be employed to invite the diseased action to the skin, and thus to liberate the central nervous system from the load by which it is oppressed; and where there is much tendency to collapse, warm wine whey or brandy may be given internally.

In those cases where the skin is hot and dry and yet devoid of eruption, and there is great restlessness, I have used the Dover's powder with advantage. Capsicum, too, in some cases of this kind, has appeared to confer benefits which might be supposed almost to entitle it to the character of a specific; and should never be omitted.

It may not be amiss to furnish you with a succinct statement of the plan of treatment, which with the reasons on which it is founded, I have thus spread before you.

Simple Scarlet Fever without complication, may be confided to cool drinks, cool air and sponging the surface, with light diet. Where the fever is more intense, a weak solution of carbonate of soda, with a small quantity of sweet spirit of nitre, may be given.

During convalescence, and until the skin has resumed its healthy action, the most vigilant care is required to avoid too great license in diet, and exposure to atmospheric changes.

When the case is complicated by the occurrence of delirium, convulsions, or irregular muscular contractions, these symptoms may best be combated by cold to the head, and sponging the surface.

The *anginose* affection is best treated by the free use of ice, and gargles of cold water, internally; and emollient poultices or wet cloths externally; the general treatment being the same as in the simple form, and the caution about diet and exposure equally, or even more important.

The *malignant* form requires that the first symptoms of failure of vital powers should be met by a prompt resort to the use of capsicum, quinine, wine, and nourishment; while the local affection is to be treated in the same manner, and by the same remedies as in the *anginose* form. In the very beginning ice may be used; but when the ash colored deposits appear, or sloughing commences, nothing will equal the benefit you will derive from the use of the capsicum infusion, alternated with a solution of sulphate of copper; care being taken in using the latter, to avoid passing so large an amount of it into the stomach, as shall produce vomiting, and thus depress fatally the already exhausted forces.

Free ventilation is of the utmost importance in all the forms of this disease; but in the malignant form its value is beyond estimation. Nor is there any danger from the influence even of cool draughts, so much dreaded by parents and nurses during the progress of the primary fever.

I am fully aware that many condemn the views I have here presented to you, and that it is not uncommon to find the advocates of the antiphlogistic treatment, attributing the mortality of

this disease to the stimulating treatment I have thus recommended. Improperly employed it is certainly pernicious. It should never be resorted to except where the feeble pulse, languid circulation, livid or violet color of the eruption, and sloughing throat give unmistakeable evidence of the failure of vital power. The resort to the treatment appropriate to this state from an apprehension of its approach, is, indeed, likely to induce it. It is even more to be deprecated than the opposite extreme. Where bleeding, the application of cold, or the exhausting treatment has reduced the patient, there is still room for hope that reaction may be produced by the resort to the proper remedies. But where the nervous energy has been exhausted by the addition of artificial stimulation to the febrile excitement, a state of prostration from over excitement is induced for which we have no remedy. While, therefore, I desire to caution you against the resort to those measures which directly exhaust the vital power, I would enter an equally strong protest against the premature employment of stimulating remedies. If, as in the case I have described, the malignant symptoms are present from the first, adopt immediately the stimulation necessary to counteract their tendency; but do not let the fear of its future occurrence induce the premature resort to them as a preventive. This, like bleeding beforehand to avoid inflammation, will only precipitate or make more certain the result which is dreaded. These remarks are especially applicable to the use of quinine. The wine whey is transient in its influence, the capsicum gives rise to no febrile reaction, but the quinine produces a more permanent impression upon the nervous system, and has a stronger tendency to excite local inflammation. Properly applied, it is the sheet anchor of our hope; the very power which renders it so, causes it when misused to be most pernicious. It should be given in full doses at long intervals, leaving the stomach free to receive the animal broth, wine whey, or brandy. These latter are most conveniently given in arrow root or some of the usual farinaceous articles of diet.

Before passing to the consideration of the sequelæ of the disease, and the proper treatment of them, some notice must be bestowed on the question, how far it is possible to remove the susceptibility to the impression of scarlet fever. It is now many years since it was announced that the administration of small

doses of belladonna to those who were exposed to the influence of this cause, whether epidemic or contagious, produced an almost entire immunity. The source from which the suggestion came, though entirely destitute of authority, was less calculated to excite suspicion than the reasoning by which the assertion of its power was supported.

Its use was first suggested by Hahneman, who supposed that in the affection of the throat, and redness of the face, produced by an *excessive dose* of this narcotic poison, he discovered a train of symptoms similar to those of scarlet fever, and hence inferred that its use in *infinitesimal doses* would produce a condition similar to that caused by the miasm, and prevent the real disease. No reasoning could be less logical. Knowing how many escape when exposed to the influence of this specific poison, much incredulity as to the effect of the remedy has been entertained. Still it has been extensively tried, as well in this country as in Europe, and the testimony to its prophylactic influence cannot be disregarded.

MM. Rilliet and Barthez, gave us the report of Gumpert, who employed it in more than twenty families with entire success. Berndt found that of one hundred and twenty-four children to whom it was administered during exposure, only fourteen took the disease; and Hillenkamp had still better results, only five having sickened out of one hundred and twenty who took the belladonna. Our own medical journals contain reports of the same favorable character. Dr. Condie, however, asserts that having tried it in repeated instances, he never found it to produce the slightest effect in mitigating the character or preventing the occurrence of scarlet fever.

There are so many sources of doubt, that it is impossible, in the present stage of our experience, to give a positive opinion. The only field for a crucial experiment is some large institution for orphans or destitute children, where it can be tried, while all other means of prevention are avoided. Larger numbers than can be found in private families, and more careful observation are necessary to settle this point. In the mean time, though the reasoning of Hahneman is fallacious, it is quite possible that the influence on the nerves of organic life, of a slight narcotic, may so preoccupy them that they shall not yield to the impres-

sion of the epidemic or contagious principle. If it be proven to have this effect in scarlet fever, it should be equally available in the case of other diseases which are diffused by the same agency. Professor Chapman long since drew attention to the effect of the occupation of the stomach by food, in preserving those who were exposed to miasmatic impressions. It were impossible to keep the stomach always filled with food ; but the nervous system may be kept constantly affected by the narcotic, and, if given in quantities sufficiently minute, without inconvenience. I have never tested the effect myself, not having had an opportunity which was sufficiently guarded from sources of uncertainty. Though I have thus drawn your attention to it on account of the positive assertions of its advocates, and have endeavored to exhibit the manner in which, if at all useful, it operates, I have no faith in the prophylactic power of this, or any other agent. The mode of exhibition recommended, is to suspend *three grains* of the extract of belladonna in *one ounce* of water ; of this, *two or three drops* are to be given twice a day, to a child under twelve months old, adding one drop for each additional year of age.

(To be continued.)

Diameters of the Fœtal Head, from measurements made in the Dublin Lying-in Hospital. By ADDINELL HEWSON, M. D., of Philadelphia. Communicated in a letter to Dr. MEIGS.

DEAR SIR :—Knowing the great interest which you always take in everything connected with medical science, and particularly with the branch of Obstetrics, I have availed myself of a short relaxation from my hospital duties, to draw up for you the results of some measurements of fœtal crania, which I made last Spring whilst an interne of the Dublin Lying-in Hospital. It affords me particular pleasure to communicate the results of these observations to you, as it was from the perusal of your recent work on Obstetrics that I was induced to make them.

On comparing the estimates of the diameter of the fœtal head which you have given, with those contained in foreign works on Obstetrics, a great difference will be observed. Your diameters are far greater than those given by any foreign author. The question therefore presented itself to my mind, is the esti-

mate given by those abroad too low, or is there really an ethnological difference? The accuracy and extent of your own observations precluded all thought of your estimates not being correct, and I therefore availed myself of the occasion which presented, to ascertain, as well as I could, wherein consisted the difference.

For this purpose I extended my observations to one hundred and sixty-six children, born in the hospital, between the 10th of March and the 13th of April last. I did not select cases, but made my measurements promiscuously, independent of age or sex, of every child born alive, and at full term, in the Institution, between those dates.

I employed in making these measurements, a pair of delicate turner's calipers, admitting of accurate adjustment, and an ivory scale marked to the twentieth and fiftieth of an inch. Each measurement was made with the greatest care, within twenty-four hours after the birth of the child, and registered at the time.

The sum of my measurements of the biparietal diameter, was six hundred and three inches and eighty-eight hundredths, which gives a mean of three inches and six tenths, for that diameter. The sum of the occipito-frontal diameters was seven hundred and seventy-seven inches, and seventy-seven hundredths; the mean, four inches and sixty-eight hundredths. The sum of the occipito-mental diameters was eight hundred and eighty-seven inches and eighty-three hundredths; the mean, five inches and twenty-eight hundredths.

That you may consider these averages very just, I will mention the fact that there was not a very great range between the measurements. Thus, for instance, in the 166 biparietal diameters, but one exceeded four inches, (the mean being 3 6-10th inches.) You mention having met with sixty-eight exceeding that number in a series of one hundred and fifty measurements, the mean of which was three inches and eleven twelfths. The occipito-frontal diameter was five inches in six, out of my hundred and sixty-six, and in fifteen it exceeded that—the greatest being five and two-tenths. The occipito-mental attained six inches in three cases out of the hundred and sixty-six, in one other it reached six inches and one-tenth.

Having thus detailed to you the results of my measurements,

permit me to draw your attention to the manner in which they will compare with the estimates given in standard foreign works. The following table contains the estimates given by some of the best English and French authorities. I have reduced the fractions in their figures to decimals, as my own are given in that scale. To the end of the table I have added my own estimates, that you may see at a glance how they compare :

	<i>Bi-parietal.</i>	<i>Occipito-frontal.</i>	<i>Occipito-mental.</i>
Baudeloque, . . .	3.34 to 3.50	. . . 4.50	. . . 5.50
Velpeau, . . .	3.50	. . . 4 about	. . . 5
Cazeaux, . . .	3.50 to 3.75	. . . 4.25 to 4.50	. . . 5.25
Burton, . . .	3.50	. . . 4.30	. . . 5.60
Ashwell, . . .	3.50	. . . 4.50	. . . 5.25
Murphy, . . .	3.50	. . . 4.50	. . . 5
Churchill, . . .	3.50 to 4	. . . 4 to 4.50	. . . 5
My own, . . .	3.60	. . . 4.68	. . . 5.25

You can readily see that, although mine are the highest, there is not a great difference amongst them all, but, that this difference is greater when you compare my estimate with those of Baudeloque and Velpeau. M. Cazeaux has not, in reality, given a mean, but has only given the points between which it may be found, and I might with propriety have omitted his measurements altogether, had I not wished to give you an opportunity of comparing mine with those of the most recent of French authorities. I have also very much to regret that Dr. Churchill has done the same, for he is the best of authorities in Ireland, and his well known accuracy of observation would, I believe, by its weight, have confirmed my results.

Now let me compare my results with those of your own observations in this country, and that such a comparison may be a perfectly just one, I will take the mean of a series of my measurements, equal in number to that of which you have given the mean.

You give the mean of a hundred and fifty measurements for the biparietal diameter, as three inches and eleven-twelfths, or 3 inches 88-100ths. The mean of the first hundred and fifty of my measurements, is 3 inches 63-100ths, the difference is 25-100ths, or precisely a quarter of an inch. Your mean for the occipito-frontal diameter, from the same number of measurements,

is four inches and ten lines, or four inches 83-100ths. My mean is 4 inches and 68100ths; the difference is 15-100ths, or about 1-7th of an inch.

You give the mean occipito-mental diameter, from 126 measurements, as five inches and five-tenths. The mean of the first 126 of my measurements of that diameter, is five inches and 36 hundredths; the difference, 14-100ths, of an inch, nearly the same as for the occipito-frontal diameter.

Thus you see that there is a very essential difference between our results, a difference too great to be attributable to inaccuracy on my part alone. I am conscious of having taken the greatest care in all my observations, and although my estimates are higher than those to be found in any foreign work, still they lead to the conclusion that there is really some other cause than inaccuracy to account for the difference; and may we not seek for it in an ethnological difference in the cranial development of the foetus? This is certainly a question of interest, but it is not one which a single series of observations like my own can solve.

With much respect I remain,

Yours sincerely,
ADDINELL HEWSON.

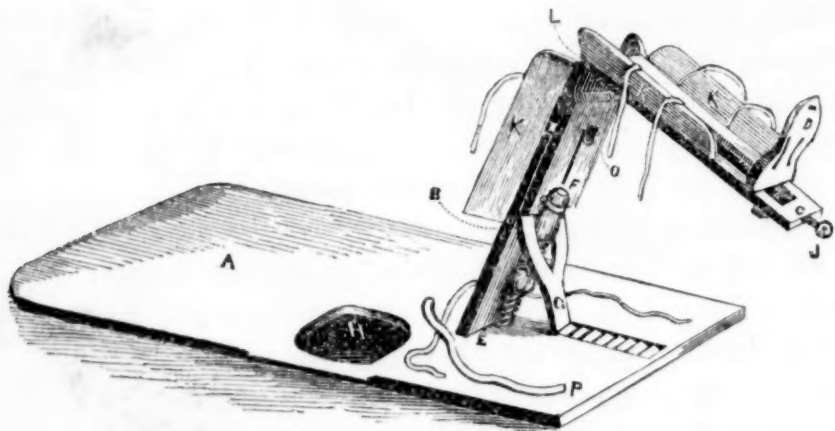
Pennsylvania Hospital, Sept. 13th, 1851.

Apparatus for the treatment of fractures of the inferior extremities. By D. H. AGNEW, M. D., of Lancaster Co., Pa.

In originating an apparatus for the treatment of fractures, there are several considerations which should claim attention, the most prominent of which, are:

The decubitus most comfortable for a protracted confinement; the position in which the limb should be placed in order to diminish or remove muscular contraction, one great cause of displacement; variety of adaptation, so that the same splint might be applicable to a number of casualties, or fulfil a diversity of indications, and simplicity of construction. Annexed is furnished the cut of a splint which the writer has had constructed, and which, upon trial, he thinks will be found to answer all the ends

to be had in view in the management of fractures of the inferior extremities.



EXPLANATION.

A is a board 28 or 30 inches in width, and 3 feet 6 inches in length; B is a board 17 inches in length, 7 inches in width, tapering upward to $6\frac{1}{4}$ inches, and secured by a couple of stout hinges at E. O represents a second, notched 3 inches from its upper extremity, sufficiently deep to make the plane of the internal surface correspond with that of B, and extending down along the back of the latter 8 inches, with a narrow slit cut out, through which extends a rod, with a thumb-screw working on its extremity, in order to keep it accurately in contact with B. C is a board either cut out in its centre, or otherwise deeply excavated, secured to O by a hinge L 26 inches long and 6 inches wide, tapering forward to $4\frac{1}{2}$ inches. D is a foot-board. F a female screw, secured to A and O. G, a forked support hinged to B, and maintaining it at any angle or inclination by working in the ratchets seen in front. H an oval piece, cut out of A, beneath which is to be placed a bed pan. There should be another on the opposite side. The opening as represented in the cut, is a little too high up, and also too near the edge of the board A. J a small wood-screw fastened to the foot-board D. K K K, sides or wings secured to *b* and *c* by hinges. P a stout piece of webbing to surround the pelvis.

Application.—Place the apparatus upon a common bed stand with a sloat bottom, or if none such be at hand, upon any firm place as a settee, or even the floor, blocking up the body board A, to any inclination desired; throw over it either a mattress or several folds of coverlets, turning in the edge (if the latter be used) diagonally, so as to leave a spot over the slide H uncovered. A second may be folded so as to fill up the vacancy; (the object,

it will be readily seen, is to have a portion moveable in order to accommodate, when necessary, a bed pan.) If the mattress be used it would be better not to allow it to extend farther down than the slide; having some folds of quilts placed over the unoccupied space to level up, and easily removed when required. If used in any public institution, it would be much more convenient to have the mattress blocked out over the slide, on either side. Next take two pillows, or a soft stuffed pad, sufficiently long to extend the length of the splints B and C. Upon the splint *c*, 2 inches in advance of the joint, place a second, (wedge shaped) 8 inches in length, and 1 or 2 inches thick at the end next the joint. The design of this compress or pad is to take off all possible pressure from the ham. Having things thus arranged, you place your patient on his back upon the mattress, bend the thigh at an angle with the body, and place it against the splint B, then bringing the leg at a right angle with the thigh, place it upon the splint C. Next take a roller, and passing it round the foot and ankle in the form of the figure 8, until it attains a considerable thickness, stick securely to it on either side two good stout pieces of tape, and fasten the same to the foot-board *D*. By means of the transverse strap *P* you secure the pelvis to the mattress, after which knot the other straps, taking care to interpose between each and the limb a soft compress to take off pressure. Having matters thus adjusted, should it be necessary to make traction upon the fragments of the os femoris with a view to prevent overlapping, commence turning the screw *F*, which by lengthening the splint any degree of force whatever, may be exerted. Or suppose you have a very oblique fracture of the tibia and fibula, in consequence of which, it is necessary to apply antagonistic forces to secure the proper length, all the alteration necessary is to place the wedge shaped compress beneath the thigh, a short distance above the popliteal space, the thick end uppermost, and by simply turning the screw *J* make any degree of extension requisite. Or imagine a fracture of both femur and bones of the leg, and in consequence of unequal degrees of resistance, requiring unequal degrees of force, in order to keep them in a proper position: how easily may this desideratum be accomplished without any interference whatever. Any lateral displacements are effectually prevented by closing up the sides of

the splints K, K, K, which are attached by hinges as in the old fracture box, and interposing between the wings and the limb bags filled with bran.

The principle, it will be seen from the above explanation, is to make the body, by its weight, act as the counter-extending force, and the leg, as the point of extension in fractures of the femur; and in fractures of the tibia and fibula the thigh that of the former, and the foot of the latter force.

We think the following advantages may be claimed for this over other splints. A position of the body and limb attended with the greatest comfort for a prolonged confinement, and one calculated to obtain the greatest amount of muscular relaxation. The variety of postures or angles at which either the body or limbs may be placed, the effect of which change, however slight, being always a source of relief to a patient. Our being able to dispense with the perineal band, which so frequently produces troublesome excoriations, especially in cases of children and females; also avoiding chaffing the ankle, which occurs when it becomes necessary to apply a strong extending force. The ease with which evacuations from the bowels, may be received and removed without disconcerting the limb. Its applicability to a number of fractures occurring in the same limb, and the absence of all necessity for changing and readjustment.

P. S. Any medical gentlemen desirous of testing the apparatus may be furnished with one, by addressing Mr. Gildea, No. 61 Dock St., Philadelphia.

139 N. 11th St., Philadelphia.

Case of Scirrhus of the Pancreas. By J. R. McCLURG, M. D., of New Garden, Pennsylvania. Communicated by Prof. Dunglison.

Thomas J. Yeatman, blacksmith, aged 50 years, of a bilious temperament, was taken sick about Christmas of the year 1850, at which time he complained of a pain, weight or oppression in the epigastrium, which became more severe upon pressure—no appetite and yet no sickness at the stomach; a great restlessness of the system and an inability to lie in bed. The cause of this, the patient said, was the oppression in the region of the stomach.

A blister was applied over the epigastrium, which appeared to remove the pain for a day or two, but as soon as it had dried up the oppression returned. The patient was still able to walk a little. Two weeks after the first attack, he became worse, and went to bed; a physician was sent for who pronounced his disease bilious fever and treated him accordingly. At this time he complained of a continuance of all the above symptoms and of an aggravated character. He was now able to lie in bed, which for some time past he could not do;—had fever—pain in the left side over the spleen—still no sickness nor vomiting;—no disturbance of the brain or lungs;—no tenderness or pain in the right side;—the bowels were costive, requiring a large amount of medicine to produce evacuations. One week after the above attack of fever, erysipelas appeared in the face, one eye became almost closed, but after two or three days the erysipelas entirely disappeared. He was confined to his bed and room between four and five weeks, at the end of which time he became able to walk out, but was still in a very weak condition. The disease still remained in the stomach, as in the very first attack; poor appetite, no disposition to sleep. Being at this time unable to lie in bed, he sat up all night in his chair, or walked the room in order to obtain relief from the pain, which had become constant. Sometimes it would be worse in the region of the stomach, then in the left side, then perhaps in the back. He was at this time, and indeed from the first attack, unable to stand erect, but bent forward as if to relax the abdominal muscles. When the pain was most severe, the application of a warm poultice or hot salt to the seat of pain would give relief for a short time. Having been under the care of a regular physician or physicians for three months or more, and receiving but little benefit from their treatment, he visited Lancaster, and consulted a "*Dutch Doctor*," who promised to cure him; but as he grew rapidly worse in his hands, he abandoned the case, which now came under my care.

Thus on the 9th day of May, four and a half months after Mr. Yeatman was first taken sick, I saw and examined his case for the first time, and found him in the following condition. He was quite feeble, but still able to walk about the house;—his skin was dry, of a straw color; the countenance wore a wild,

anxious expression, the tongue was covered with a thick yellow coat; the breath quite foul; the pulse quick, corded and ninety per minute;—great oppression deep in the epigastric region, and remarkably tender on pressure, presenting to the eye a fulness, and to the touch a thickened or knotted condition;—a decided pulsation was perceptible in the epigastrium, caused by the pulsation of the abdominal aorta;—pain in the left hypochondriac region, also in the back; tenderness on pressure over the colon, from the caput coli to the sigmoid flexure; the bowels costive; great restlessness of the system and inability to lie in bed; he sat up all night in his chair, and had done so for the last three or four weeks; unable to stand erect, but bent forward; sat with his feet drawn up on the chair and his knees in contact with the thorax or chin; poor appetite; no sickness at the stomach; no pain in the right side nor along the course of the spine upon pressure. Cupping and blistering appeared to have little or no effect at this time in removing the pain. I gave the blue pill, extract of taraxacum and hyoscyamus, together with the iodide of potassium, without any benefit in the case. I then prescribed an aloetic and a saline purge occasionally, together with the sulphate of quinine and carb. of iron, and after administering *many* other medicines of a tonic and antispasmodic character, I gave the nitrate of silver freely, without perceiving any benefit. The disease seemed to be advancing gradually to a fatal termination notwithstanding every effort used to arrest it. The pain was becoming more severe every day; no appetite, or ability to walk without assistance; pain *now in the right side*, and over the whole abdomen. His suffering became very great. When the pain was most severe, he would get into bed, with his head and shoulders elevated, grasp one thigh with each hand, and with his feet up towards the ceiling or perhaps thrown back over his head, making the small of the back a pivot, would turn round and round in bed, groaning most mournfully and writhing as if in intense agony. And thus it would continue for hours unless relieved by large doses of opium or sulphate of morphia. The medicine which seemed to have the most influence in relieving his sufferings was the following mixture *prepared for the emergency of the case alone*. *R.* Vinegar ℥vi. , saturate with the carbonate of potash, then add of the sulphate of morphia, gr. xv.

a large table spoon full to be given every hour whilst the pain continued. Two or three spoonfuls generally afforded him rest for five or six hours, when it became necessary to repeat the dose, thus keeping him under the constant influence of morphia to prevent intense suffering. Three or four weeks before his death, the hands, feet and abdomen, became greatly swollen; the urine of a very dark red color, and hiccough was almost constant. He gradually sank, as if some singular and fatal disease was seated at the very fountain of life or centre of sympathy, crushing the life slowly, yet certainly, of a strong and vigorous man. Mr. Yeatman died on the 18th of August, having been sick about eight months.

On inspection, the disease appeared to be of a scirrho-scrofulous character. On opening the abdomen, much effused fluid of a dark, chocolate color filled the peritoneal sac, which appeared to be in a diseased condition.

The liver was somewhat enlarged, hard and tuberculated; a few of the tubercles contained pus. The gall bladder was healthy, of the natural size, and contained three hexagonal calculi, each of which was about the size of a large chestnut. The cavity of the stomach, or mucous membrane, appeared to be in a normal condition—the greater curvature free from disease, but in the smaller curvature was found a large scirrhous mass, embracing one third of the stomach, the whole of the pancreas, solar plexus, the aorta and accompanying vessels, and adhering to the diaphragm, the liver, the arch of the colon and omentum. The stomach and diseased mass, were removed together from the body, by dissecting them from the above points of adhesion, which was a difficult task. The spleen was perfectly healthy, as were also the kidneys, heart and lungs. The solar plexus being involved in the diseased mass, was the cause, no doubt, of the great, very great, suffering of the patient. And as numerous branches emanate from it, which supply the diaphragm, stomach, liver, spleen, small and large intestines, kidneys, supra-venal capsules and the spermatic vessels, we need not be surprised that the patient occasionally experienced pain in these various organs. That the stomach and pancreas, the latter in particular, was the original seat of this disease, and that the surrounding organs became subsequently involved, there is not the least shadow of doubt in

my mind. The liver was implicated, no doubt, long after the above, as symptoms clearly indicate, for there never was the least pain or uneasiness felt in the right side, until about a month or two before death. The cause of the disease is very uncertain, but most likely it was produced by the patient, some two years previous to his last sickness, having carried a load of coal from the wagon into the cellar in a tub, which pressed hard against the upper part of the stomach giving him pain at the time, and ever after some uneasiness or a tired feeling in the epigastrium.

This is an interesting case on account of the peculiar symptoms developed,—there being no similar case on record, so far as I have seen—also on account of the great suffering of the patient,—the character of the pain—his position when the pain was most severe—the manner in which he sat, with his knees in contact with the thorax or chin—being unable to stand erect; the absence of sickness and vomiting, &c. and it is also interesting on account of its pathological conditions.

New Garden, Chester County, Pennsylvania, August 19th, 1851.

Three cases of Resection of Bone. By CARTER P. JOHNSON, M. D., Prof. of Anatomy and Physiology, Medical Department, Hampden Sydney College, Richmond, Va.

The following cases are reported, not because of any peculiar interest which attaches to any of them, but for the purpose of adding to the statistics with reference to an operation which has, perhaps, been too much neglected in this country.

Case 1st. Resection of the Ulna.—Rose, a negro girl, about 11 years of age, has been suffering for four years with a chronic inflammation of the right arm over the ulna. The disease was originally attributed to a fall or a blow which she received on the arm. The arm has occasionally suppurated, and from time to time, during the last year, several fragments of bone have been discharged.

When first presented to me, April 18th, 1849, there were two fistulous openings on the under side of the fore arm, and about two inches below the elbow joint, and the other about an inch lower down, through which the probe passed freely down to the denuded ulna. Neither the elbow joint nor the radio-ulnar joint

below, seemed to be involved in the disease. The general health of the child had now begun to suffer, and it was evident that she could not long stand the continued irritation to which she had already so long been subjected.

On April 21st I exsected the middle two-thirds of the diseased bone, the patient being placed fully under the influence of ether. The operation was performed by making two semi-elliptical incisions, extending from a point a few lines below the internal condyles to the styloid process of the ulna, meeting at their extremities, and including between them the fistulous orifices and the diseased integument; then dissecting away the integuments and muscles from the anterior and posterior surfaces of the ulna, dividing this bone just above its styloid process with the metacarpal saw, separating its attachment to the interosseous membrane, and completed by making the upper section of the bone with the chain saw, just below the coronoid process. But little blood was lost, and only one vessel required the ligature. The edges of the wound were then brought together by adhesive strips, and an angular splint applied, extending beyond the ends of the fingers.

With the exception of fever, accompanied with slight delirium, on the second day after the operation, which was speedily checked by a mercurial cathartic, the patient recovered rapidly, and was discharged about eight weeks after the operation, entirely well.

By adopting the operation of exsection in this case, the elbow and the wrist joints were both saved to this patient; and before her discharge she could use them both freely. Before the introduction of the operation of exsection, this arm would have been amputated, probably above the elbow.

Case 2d. Resection of two-thirds of inferior maxilla.—In July, 1850, I was asked to see Mary, a negro woman, aged about 35 years. She gives the following history of her case. About twelve months ago, while in New Orleans, she had the first molar tooth of the left side of the lower jaw extracted: she states that in the operation a portion of the alveolar process was broken off, and that from that time she has suffered constant pain and swelling in that side of the face, with occasional discharge of small pieces of bone.

When I saw her, the left side of the face was much swollen, and the whole region of the left side of the inferior maxillary bone the seat of much induration; there was a fistulous orifice externally along the lower margin of the bone, about half way between the angle and the symphysis, which communicated with the diseased bone, and another orifice which opened internally on the gum, whence the molar tooth had been extracted, which also communicated with the denuded bone and with the other sinus.

On the 12th of July, hoping to be able, by a simple operation, to remove the whole cause of the trouble, I made an incision over the seat of the disease, and finding that a large portion of the thickness of the bone was involved, took out an entire section, of a V shape; after the external wound resulting from this operation was entirely healed, as it was in three weeks, there still remained a fistulous orifice in the mouth, which was found to communicate with denuded bone; from this orifice several pieces of necrosed bone, were from time to time extracted, without, however, affording any permanent relief to the patient, whose face continued much swollen and very painful. In a few days, an external orifice again made its appearance, from which a considerable quantity of pus was discharged daily, and which was found also to communicate with denuded bone.

Upon a careful examination of the case now, it was ascertained that the whole left side of the body of the bone was in a state of hypertrophy, the disease extending across the symphysis to a point between the right lateral incisor and the canine tooth of the same side in one direction, and to the angle of the bone in the other.

Upon consultation with my friends, Drs. Marx and Gibson, it was determined that the safety of the patient depended upon the entire removal of the disease, and that to effect this with greater certainty, it would be better to disarticulate the bone at the temporo-maxillary articulation, and to resect the body just to the right of the diseased portion.

Accordingly, on the 2nd of September, I proceeded to do the operation as follows:—The patient being placed in a suitable chair, and put thoroughly under the influence of chloroform, an

incision was made commencing opposite the left tempero-maxillary joint, passing downwards along the ramus, a few lines below the angle, thence, slightly curved with the convexity downwards, horizontally along the inferior edge of the body of the bone, to the right side of the chin, and thence upwards to the right angle of the lip. The dissection was then made from below upwards, so as to penetrate the cavity of the mouth, and to expose the whole of the anterior face of the diseased mass. A slight dissection and the use of the fingers enabled me to detach the soft parts from the posterior face of the bone along the portion at which the section was to be made. This accomplished, the first incision was extended through the lower lip,* the flap turned back and held by an assistant, the chain saw passed behind the bone just anterior to the first bicuspid tooth, and the bone rapidly divided at that point. The internal attachments of the bone were then speedily divided, and the operation completed by the division of the attachment of the temporal muscle to the coronoid process and the disarticulation at the glenoid cavity. This stage of the operation was greatly facilitated by using the bone itself as a lever, to put upon the stretch the parts to be divided and to pry out the coronoid process from under the zygoma.

No vessel required ligaturing. The edges of the coronoid were brought together with sutures and adhesive strips, a light dressing applied and the patient put to bed, after the administration of a stimulant, in a tolerably comfortable condition.

During the operation, a thread was passed through the arteries of the frenum of the tongue, in case retraction should take place; but although the bone was divided some distance to the right of the symphysis, and consequently the anterior portion of the genio-hyo-glossus muscle necessarily divided, no retraction of the tongue took place, and no symptoms of suffocation occurred.

Upon an examination of the bone after the removal, it was found in a state of hypertrophy, the cancellated portion and the

*Anxious to preserve the integrity of the lower lip, if possible, I attempted to pass the saw without dividing it, but found that the extreme thickness of the bone and the small curve of the needle used, rendered it impossible. I was obliged, therefore, to divide the lip in order to obtain more space for manipulation.

dental canal in the left side being filled up with dense compact laminated bone structure. Though but seven weeks since the first operation, the space left by the removal of the section of bone at that time had become firmly filled with cartilaginous tissue.

The patient did well and on the 17th September, just two weeks after the operation, the wound was completely healed. There remained, however, partial paralysis of the left side of the face owing to the section of the portio-dura, and a good deal of swelling, with some eversion of the lower lip. The condition of the lip was entirely relieved in the course of a few weeks longer by the use of adhesive strips, and the paralysis gradually diminished, though it has not entirely disappeared.

Case 3rd. Resection of the ununited ends of a fractured Femur.—The history of this case having been already published in the Stethoscope for May, I will merely describe the operation and its result.

The patient, an athletic Irishman, 19 years of age, had suffered just three months and ten days before, a very oblique fracture in the upper third of the right thigh, in a direction from above downwards and forwards; the fragments were consequently, at the time of the operation, very far separated from each other, the lower fragments being drawn upwards and inwards.

Having placed the patient fully under the influence of chloroform, the operation was commenced by an incision extending from the trochanter major to the outer surface of the external condyle. This incision extended down to the fascia lata, which was then divided continuously with the first incision. In order now to reach the lower end of the upper fragment of the fractured bone, which was drawn forwards and outwards, the vastus externus was separated from its attachments to the rectus femoris, and held back by an assistant. With some little difficulty the extremity sought for was found, a chain saw passed around it about an inch from its termination, the section readily made, and the fragment separated from its ligamentous attachments and removed.

The next step in the proceeding, in the section of the upper extremity of the lower fragment, proved very difficult, in conse-

quence of the great retraction of this portion of the fractured bone. This lower fragment was found drawn up to the lower portion of the gluteal region, and carried by the adductors very considerably inwards, rendering its access by an external incision very difficult. Finding it impossible to reach the upper portion of this fragment through the separation already made between the vastus and the rectus, the vastus was separated from its posterior attachments and turned forward. After a tedious dissection, in which the handle of the scalpel and the fingers were used very much to the exclusion of any cutting instrument, in order to avoid the risk of dangerous hemorrhage, the extremity of the bone was at length reached, and with some difficulty, owing to its very great depth, the chain saw passed around it. This portion of the operation was much facilitated by carrying the foot across the opposite instep, so as to force the fragment sought nearer to the external surface of the thigh. The chain saw turned down both in front and behind, by the thick muscles of the thigh, was worked with difficulty, and, before the section was completed, broke. A good metacarpal saw which was at hand, was substituted, and with it the section finished. The detached portion about an inch and a half in length, was then easily removed. The two opposite ends of the bone, thus rendered perfectly transverse, could then be brought accurately into contact, producing a shortening of the limb of about two and a half inches.

The next step in the operation consisted in boring with a small bit and brace, a hole in each of the ends of the bone thus approximated, through which a very strong silk ligature was passed by means of an eye-probe and finally tied. The holes were bored obliquely, commencing each about half an inch from the sawn extremity, and passing the one upwards and the other downwards, terminated in the medullary canal. The ends of the ligature were brought out of the wound. The edges of the wound were then brought together as accurately as possible, the limb lightly bandaged, a long splint applied along the whole posterior surface of the limb, and the patient put to bed, with the leg resting upon a slightly inclined plane.

During the operation, a good deal of blood was lost, a large portion of which was venous; and after its completion, the patient

who had then recovered from the effect of the anæsthetic agent, was very pallid and excessively prostrated. Brandy and water was freely administered, and warm clothing applied. Reaction took place very slowly; about four hours after the operation, the pulse began to rise and the skin to regain its warmth. The stimulants were then used more moderately. The reaction, however, was never complete, and only lasted a few hours. During the night the pulse again began to flag, and the patient became more restless; stimulants were again resorted to and used very freely, but with no effect. The system seemed to have lost its power of responding to any agent, and in spite of the most active stimulant treatment, the patient continued gradually to sink, until about 6 o'clock the next evening, just thirty hours after the operation, he died.

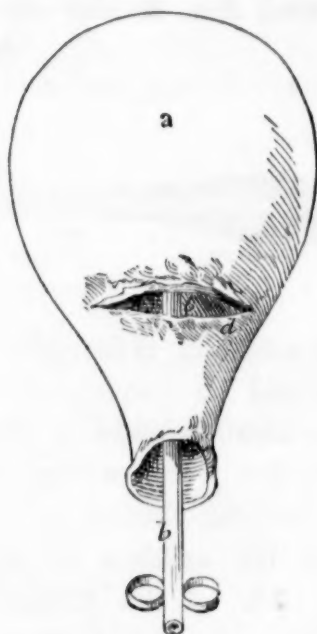
No post-mortem examination could be obtained.

Cure of a Vesico-Vaginal Fistula, by an operation by PROFESSOR
PANCOAST. By C. D. MEIGS, M. D.

In the month of October, 1848, a lady was delivered, by mutilation of the fœtus, after a most painful and protracted labor; the child having presented by the shoulder. I am not informed further than this, as to the particulars of the case. After recovering her composure from the greatest fatigue and exhaustion, she found herself always wet, and felt no desire at any time to pass the urine. By slow degrees she regained her health, with the exception that she had constant *stillicidium urinæ*, which occasioned painful inflammation and excoriation of the external privities and inner sides of the thighs; and she was annoyed by the urinous odor, which it was impossible to suppress.

After a length of time, she was informed that the cause of her distress depended upon a laceration affecting the urethra, so nigh to the neck of the bladder as to prevent the *sphincter vesicæ* from controlling the escape of the urine. During many consecutive months, attempts were made, by cauterization with nitrate of silver, to cause the aperture to close—which was in vain.

About six months ago, she came to me for advice in the case, when, together with Prof. Pancoast, I found the circumstances as I shall attempt by means of the figure to explain:



(a) Is the bladder of urine seen from its under surface. b, b, a catheter in the urethra; a part of the catheter is visible in the fissure, (d) just below the orifice of the bladder. The excessive resistance of the perineum made it then impossible to get at the fissure with instruments fit to pare off the edges, or with needles to close the gap. It is probable that the highly irritated state of the parts, brought on by the continual flowing of urine over them, may have rendered access to the fissure out of the question. Be that as it may, it was not then deemed possible to operate on the case.

My colleague, Professor Pancoast, finding it too difficult, with various methods of exploration, to bring the injured part within the reach of his instruments, concurred with me in advising her to postpone any definitive attempts to cure by operation until the fall of the year; with a view to her using in the mean time, a certain precaution, by which we hoped to render the case more manageable after the lapse of a few months. The precaution consisted in the use of a tube which I have described

in the Transactions of the Philadelphia College of Physicians, and which I caused to be made for her, and which was shaped as follows, viz: it was a silver gilt canula, $2\frac{1}{4}$ inches long, of a spindle shape, with a small funnel adapted to one end of the spindle, and a perforated disk to the other end, as in the annexed figure:



I supposed that such a canula, if introduced along the urethra, quite to the bladder, would be prevented from passing wholly into that organ by the small triangular disk or shield, (a) that the meatus urinæ would firmly contract on the narrow part of the canula, (b) whilst the bulging portion (c) would, by distending a less muscular part of the urethra, serve to retain the instrument more surely in situ. I designed that the small cylindrical part of the canula (d) should cross the opening as an aqueduct for the urine, while the smallness of its size would enable it at the same time to allow the fissure to close the more readily, *par defect d'extension*. The funnel (e) at the end of the canula, was to pass just within the orifice of the bladder and no farther, in order to collect the urine, which was thus to be conducted out upon sponges placed in front of the outer shield, which was properly adapted to fill up the triangular space of the vestibulum.

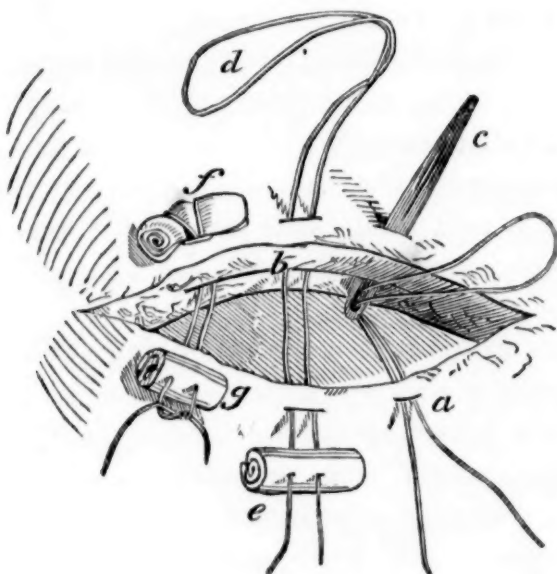
Such an instrument placed in the urethra, would not be thrust forth except the patient should make violent efforts to expel it. We hoped that by thus preventing the continual flow of the urine through the lacerated part, it might tend to close up so much as to render an operation practicable and successful; and I explained to her that such a conductor for the urine, if it could be worn for a long time, would perhaps serve at last as a cure, without resort to operation by the knife. She was begged to persist in the trial for several months—but came back again in about 150 days—being impatient of her sufferings.

We thought great good was effected by the use of the canula, which she used during the greater part of the time, being, however, during her absence from town, annoyed to that degree, as to be sometimes obliged to suspend the use of it—which was reasonably to be expected.

On a re-examination of the fistula in connection with Dr. Pancoast, on 13th of August, we found it much more easily reached with instruments than on the former visit of the patient, and the performance of the operation for its cure was determined on. On the 16th day of August, Dr. P., assisted by Mr. C. Neff, and by myself, the patient being on her knees upon a bed, proceeded to the operation. The callous margin of the fistula was first pared away—the mucous membrane on the right side of the wound was then seized by Dr. P. with a pair of delicate hooked forceps, and detached with scissors curved on the flat, for the space of 5-8ths of an inch around the semicumference of the orifice. The next stage of the operation was to obtain a corresponding surface on the opposite or further side, to overlap that already made. This was gained by Dr. P. in the following mode. The right lip of the orifice was grasped superficially with the forceps, and split mid-way between the two mucous membranes, to the depth of half an inch, with a lance-shaped knife curved on the flat, making, as it were, two layers of the vesico-vaginal septum, for the space of nearly an inch in length and half an inch in depth, as described in the figure:



The lance-shaped knife very readily made a wound by thrusting it into the bladder edgewise, as I have endeavored to show by the representation annexed. It is evident, if the tissues can be firmly held by the hook forceps, as in the diagram, that the lance-shaped knife can very readily be thrust into the edge or lip of the wound, so as to split it as much as could be desired, and that such a wound would be completely fresh.



Let (a) be the revived surface of the lower lip of the fissure. Let (b) be the split and gaping wound made by means of the lance-shaped knife in the edge of the upper lip of the fissure; (c) is a short flat needle, with the eye in the upper part, and armed with a double thread or ligature. It is passing out at the upper part of the split lip, and from thence is to be drawn forth by means of a dressing forceps; (d) may represent the same ligature from which the needle has been removed; (e) is a piece of adhesive plaster made into a hard roll like bougie, and hammered out flat; with two small holes drilled through it to admit of threading the ligatures through them; (f) is the ligature (d) adjusted with a loop over a small quill, composed of adhesive plaster rolled into a small cylinder or bougie; (g) is the lower quill, (e)

Now it is clear that if the lower lip (a) can be freshened with scissors curved on the flat, (a very possible operation,) and

if the upper lip (*b*) can be split or divided by a lance-shaped knife; and if *g* and *f* can, by pushing *g* forwards to *f*, be closely approximated, the opposite surfaces *a* and *b* may be brought into effectual and protracted contact, and thereupon, if adhesive inflammation follows, the patient will be cured.

From the success of the operation above related, I am led to believe, that few of those unfortunate women who would otherwise be doomed to a life of disgusting misery after laceration of the bladder or urethra, need be left in hopeless incurable distress; and it is with a view to communicate to the brethren in Medicine everywhere, the knowledge of this simple and effectual process, that I have drawn up these notes.

I should commit an act of injustice, however, if I should stop here without making an explanation due to a Surgeon, who deserves, and indeed has my highest respect. I speak of Dr. Sims, of Montgomery, Alabama.

In a conversation with him in the end of July, 1851, he informed me of his many successful operations in vesico-vaginal fistula—a success which in my humble opinion entitles him to the praise and gratitude of our whole profession, which is always advanced by the ingenious and rational improvements made by such individuals, and which constitute a real progress of the Art. Dr. Sims communicated to me the fact, that if the patient, laboring under this accident, be placed in a certain position, the injured parts may be readily brought not only in sight, but so exposed as to render them easily accessible to the knife, the scissors, &c., &c.

His own judgment prompted the discovery of this method, which consists in placing the patient on her knees with the ossa femoris standing in a vertical position while the summit of the thorax touches the table or bed on which she is placed.

If such a posture be maintained for a few minutes, the fall of the abdominal and pelvic viscera downwards toward the diaphragm, allows the os externum to relax, to open, and at last to offer so wide an aperture, that the cervix uteri may be clearly seen as in a metroscope. In the meantime, the fall of the viscera continuing, the walls of the vagina, to avoid the tendency to vacuum caused by the retreat of the pelvic contents toward the diaphragm, tend to expand, and like a balloon leave a spherical or orbicular

cavity, as if the vagina was filled with a child's head, whereas it is filled with air.

This discovery is in the highest degree applicable to the uses of curative surgery in vesico-vagina fistula.

The great experience and success of Dr. Sims will enable him, it is hoped, soon to give his results to the profession. In the meantime, I trust I shall give no offence while in describing the several steps of the operation on my patient, if I take this early occasion to thank Dr. Sims for his information, and to acknowledge how much I am his debtor therefor.

From the moment of completing the operation above described, not a drop of urine escaped through the fissure. She wore the spindle-shaped canula during the ten or twelve days following and then removed it. The ligatures were easily cut away and picked out with dressing forceps, and we had the happiness to see the patient completely relieved of the effects of an accident, which nothing but a religious resignation could have enabled her to bear with patience, or to regard life otherwise than as a distressing burthen, to be borne only because it was God's will that she should patiently endure its weight. The cure was rapid and complete.

BIBLIOGRAPHICAL NOTICES.

A Practical Treatise on the Diseases and Injuries of the Urinary Bladder, the Prostate Gland and Urethra. By S. D. GROSS, M. D., Professor of Surgery in the University of Louisville, &c. pp. 726.

The late Dr. Parrish used to remark, that the "Cream of Surgery" was contained in the pelvis; and those who had the benefit of his wise instructions, will ever remember how his intelligent and benevolent face brightened up when he reached that part of his Surgical course relating to Hernia and Diseases of the Urinary Organs. With what interest he invested the subject, as he carried his hearers along with him, through the various difficulties which would meet them in the management of this class of cases, and as he recounted the triumphs of surgery in overcoming them.

There is, perhaps, no branch of Surgery, where the skill of the surgeon is more severely tested, and which should be more closely studied by every one who presumes to minister to the relief of surgical maladies.

Hence it is, that we hail the appearance of Dr. Gross' work with peculiar pleasure, as containing a thorough and systematic exposition of this class of diseases, arranged with great care and judgment, and written in a style of clearness and precision which must commend it to general acceptance.

The first five chapters are occupied with a lucid anatomical description of the urinary apparatus illustrated by a series of well executed wood cuts, with an account of the properties of urine, in its healthy and diseased conditions.

The diseases of the bladder are next treated of, including acute cystitis, fibrinous exudation of the bladder, suppuration and abscess, gangrene and ulceration.

The infrequency of acute inflammation of the bladder, is thus remarked upon by Dr. Gross:

"In the course of an extensive practice during the last twenty years, comparatively few cases of this complaint have fallen under my observation, nor has this organ, in the numerous dissections which I have made

within that period, exhibited, except in a few instances, evidences of this affection. Dr. Louis, of Paris, examined the mucous membrane of the bladder in five hundred subjects, dead of various diseases, without discovering any serious lesion in any of them. In six there was simple redness or injection of the vessels, but no change of structure; in a few only, was there any softening and organic derangement. Similar testimony in regard to the infrequency of acute inflammation of the bladder is borne, by Brodie, Hope, Begin, Coulson, and other writers on the diseases of the urinary apparatus."

As an idiopathic affection, there can be no question of the great rarity of cystitis, while as a symptom of other diseases of the urinary organs, it often occurs.

Thus we see all the evidences of high irritation and inflammation of the mucous coat, in the mechanical obstructions of the urethra which impede the passage of urine, in the extension of gonorrhœal inflammation from the urethra to the bladder, in stranguery, &c., requiring treatment adapted to the circumstances of each case. The remedies recommended for cystitis in its several forms and stages are fully detailed, and appear to be well chosen and judicious. The following remarks on the use of anodyne injections in this affection, are applicable to a large class of cases, not included under this head, and are well worthy of attention.

"Of all the local remedies none hold a higher rank in the treatment of this affection than anodynes, administered by the rectum, either in the form of *injections* or in that of suppositories. They not only allay pain and spasm, but they quiet the bladder, and render it more able to bear the presence of the urine, a desire to pass which is the principal cause of the patient's suffering. The best form of injection is from half a drachm to a drachm and a half of laudanum to two ounces of tepid water, thrown up with a good pewter syringe, with a long nozzle, which is far preferable to all the patent contrivances of the kind of which I have any knowledge. The bowel should be previously cleared out with a purgative, or an enema, and care should be taken not to force the fluid against the anterior wall of the rectum. The quantity of laudanum here specified is a dose for an adult; for a younger subject, or a person enfeebled by age and disease, a smaller quantity will suffice. The repetition of the medicine must be regulated by circumstances; if it pass off soon after it is administered, it should be immediately renewed; and the same rule should be enforced, if it is retained, if it does not answer the desired end in two or three hours. Where laudanum is inadmissible, on account of idiosyncrasy, black drop, or morphia, may be employed as a substitute."

The other sections of this chapter are occupied with the consideration of fibrinous exudation of the bladder, suppuration and

abscess, gangrene and ulceration. But these morbid conditions are so rare, as scarcely to demand notice, except in connection with other diseases of the organ of which they form one of the stages.

Under the head of "Chronic lesions of the bladder," we have a chapter on Catarrh of the bladder, or Cystorrhœa. Under this term Dr. Gross includes all those affections of the mucous coat attended by an inordinate mucous secretion, whether arising from stricture of the urethra, the presence of calculus, hypertrophy and enlargement of the prostate gland, &c.

Regarded in this light, cystorrhœa is nothing more than a symptom of a more serious malady, and would scarcely seem to be entitled to consideration as a distinct disease.

Thus Dr. Gross remarks :

"Cystorrhœa is always dependent, directly, or indirectly, upon some obstacle to the evacuation of the urine, or upon a diseased condition of the bladder itself. Hence the most common exciting causes are stricture of the urethra, the presence of a calculus, hypertrophy, and enlargement of the prostate gland. In fact, there are few protracted cases of this kind in which this affection is not witnessed to a greater or less extent, or of which it does not constitute in the end a prominent symptom. Nearly all the very worst forms of vesical catarrh I have ever seen have been of this description. Paralysis of the bladder, whether produced by over-distension of the organ by urine, or injury or disease of the spine, frequently gives rise to this state. The muscular fibres having lost their expulsive power, the water is never completely evacuated at any one time even when the catheter is used, but a portion remains in the bottom of the bladder, where it is speedily decomposed, and thus acts as an irritant to the lining membrane, followed by an inordinate secretion of mucus. Cystorrhœa is a constant attendant upon sacculation, ulceration, hypertrophy, and carcinoma of the bladder."

Now we do not consider the increased and altered mucous secretion, dependent upon mechanical obstruction to the passage of urine, or to the presence of stone, as constituting catarrh of the bladder, strictly speaking, nor can we admit the propriety of so considering it.

In the treatment of cystorrhœa Dr. Gross fully recognizes the distinction between the idiopathic affection, and that which is merely symptomatic. In the latter form, the nature of the exciting cause must be ascertained, while the former must be reached by antiphlogistics, balsams, terebinthines, &c. The merits of the several remedies recommended by authors in this form of

disease, are briefly discussed, and much valuable practical information conveyed to the reader. Dr. Gross himself places a high estimate upon antiphlogistics.

"It would be useless to repeat here what has been already said, in other portions of this treatise, respecting the employment of antiphlogistics. The propriety of these measures is self-evident. They are imperatively demanded in all cases attended with violent pain and frequent micturition, even when there is no marked constitutional disturbance. The abstraction, under such circumstances, of fifteen or twenty ounces of blood from the arm, will often do more good in breaking up the disease than any other remedies that we possess. Where the lancet is inadmissible, twenty or thirty leeches may be applied to the perinæum and inside of the thighs, or to the lower part of the hypogastric region."

We must dissent from this indiscriminate recommendation of the lancet in a disease almost confined to aged persons, and often connected with an enfeebled state of the system. The abstraction of fifteen or twenty ounces of blood from an old man who has "violent pain and frequent micturition, even when there is no marked constitutional disturbance," would appear to us injudicious, especially as we have often seen these symptoms promptly yield to emollients, anodynes, warm bathing, &c.

A peculiar form of hypertrophy chiefly affecting the neck of the bladder, and generally found in old subjects, is next described under the name of "bar like ridge of the neck of the bladder," with a wood cut, affording a beautiful illustration of this disease, from a specimen in the cabinet of Dr. Sabine of New York. This affection is generally connected with enlarged prostate, and like it, does not admit of cure.

The chapter devoted to nervous affections of the bladder, is one of the most interesting and instructive portions of the work. Irritability and neuralgia of the bladder are accurately described, and the various points of diagnosis between them and organic lesions of the organ are pointed out. Dr. Gross' remarks upon the causes of this irritability, and upon the means of cure adapted to particular cases, convey a large amount of valuable instruction upon a subject which has received but little attention from medical writers; we regret that our limits will not admit of making extracts, but we must forbear.

Paralysis of the bladder, from external violence, from over disension, from want of power in the general system, constitutional

irritation after operations, from low fevers, &c., are treated of under appropriate heads. The following directions on the use of the catheter in these cases, are sound and judicious, and worthy to be borne in constant remembrance by the practitioner.

"Two important indications are presented in every case of this disease; first, to draw off the urine, and secondly, to restore the tone of the muscular fibres of the affected organ. To fulfil the first, all that is necessary is to use the *catheter*. This should be done at stated intervals, to prevent undue accumulation, and to compel the viscus to return, as it were, to its original habits. Carefully persevered in, this practice is frequently of itself sufficient, in a short time, to cure the malady. In confirmed cases, the instrument should be employed once about every four hours, especially if there be much renal secretion; in opposite states, on the contrary, three or four times a day will be often enough. I generally prefer introducing the catheter every time it is necessary to draw off the urine to letting it remain in the bladder permanently; and as there is seldom any difficulty in doing this, the patient usually soon learns to perform the operation himself. Sometimes, however, the improvement is more rapid and decided when the catheter is constantly retained, and the water permitted to flow off every hour or two. I have found this practice particularly useful in cases of paralysis, attended with pain and spasm of the neck of the bladder, and a frequent desire to urinate. When the accumulation is very great, and has continued for several days, it is a good rule not to evacuate all the water at once, for fear of inducing severe depression from the sudden removal of the stimulus of distension. I have seen several cases in which I am satisfied the patients lost their lives from inattention to this precaution. My own practice, under such circumstances, is not only to allow a small quantity of urine to remain, but to support the weakened organ by swathing the abdomen, precisely as after parturition, and tapping in ascites. When the catheter is permanently left in the bladder, it should be confined in the usual manner, and cleaned every other day; otherwise it will be certain to become encrusted with inspissated mucus, if not with earthy matter, and thus produce an injurious impression upon the affected organ.

Much harm is often done in this disease by the protracted employment of the catheter. The proper plan is always to discontinue it as soon as it is discovered that the organ has regained its expulsive power. The patient should be requested from time to time to try to evacuate the bladder by his own efforts, and if he is not able to effect the object completely, he should be assisted with the catheter; for the rule is, in all cases, to draw off every particle of water at least twice in the twenty-four hours. By employing the instrument too long, the organ becomes habituated to its use, and a much longer time will necessarily elapse before a cure takes place."

Chapters VI and VII are occupied with a description of schirrous, encephaloid and tubercular diseases of the bladder, with other

non-malignant growths; all of which rarely occur in practice, but which must have a place in a systematic treatise on the surgery of this part of the body.

Chapter VIII is a curious essay on worms in the bladder, a few cases of which have been reported by medical writers. Serous cysts and hydatids, foetal remains in the bladder, hair and air in the bladder, are each considered, though they possess but little practical interest.

An interesting chapter is devoted to vesical hemorrhage, both idiopathic and traumatic. Considering the frequency of this accident from unsuccessful and awkward attempts to introduce the catheter, or from well directed efforts in diseased conditions of the neck of the bladder and prostate gland, we were surprised to find so little notice of it in this connection. There are fewer cases presenting greater difficulties, in the introduction of the catheter, and the evacuation of the bladder, than these, and it would seem desirable in a work like the present, to have laid down the principles upon which they should be treated more in detail.

The following extract conveys the author's views on this point:

"In general, the blood which is poured out in vesical hemorrhage is dissolved by the urine, and thrown off by the natural channel. In some instances, however, especially when the secretion of urine is deficient, or the quantity of blood disproportionably large, the accumulated fluid coagulates and distends the bladder, which forms a hard, firm tumor above the pubes, and leads to complete retention of urine, attended by the most urgent and distressing symptoms. To free the organ of its contents, under such circumstances, is often no easy task. The more simple means are of course resorted to first. With a silver catheter, introduced along the urethra, an attempt is made to break up the coagulated mass, and then to dissolve the pieces by the injection of tepid water and acetic acid, in the proportion of one ounce of the latter to five ounces of the former. Vinegar is a powerful solvent of blood, and is far better than water alone. The injections should be conducted with great care, and should be repeated two or three times in the twenty-four hours. Some of the smaller coagula may sometimes be removed by a syringe applied to the catheter, though such a procedure is, in general, quite inefficient."

Retention of urine, catheterism, and puncture of the bladder, are treated of in chapter XIV. Dr. Gross prefers the silver to the gum elastic catheter in all cases of retention from hypertrophy of the prostate gland. On this point he remarks:

"The treatment is by the catheter; and one of silver is far preferable

to one of gum elastic. It must be large in the curve, and at least two inches longer than in ordinary cases, otherwise it will fail to reach the distended reservoir. The instrument passes on without difficulty until it comes in contact with the enlarged gland, when its progress is arrested. Instead of forcing it onward, the surgeon introduces the left index finger, well oiled, into the rectum, and placing it against the instrument, he guides its beak into the bladder, by pushing it gently towards one side or upwards towards the pubes, at the same time that he urges the handle on with the right hand. By this manœuvre the obstacle is usually overcome without much trouble, however great the enlargement of the prostate. To empty the bladder completely it is necessary, as the point of the catheter cannot reach the cavity behind the gland, to raise the patient's hips, so as to force the urine out of its hiding-place."

Although there can be no question of the advantages of the silver catheter in cases of difficult obstruction, yet it must be confessed that there are a multitude of cases where the gum elastic instrument is preferable. As for instance: in that large class where the daily use of the instrument for a lengthened period becomes necessary in ordinary cases of retention without obstruction, or in those in which obstruction has been overcome by the previous use of a silver instrument.

We presume Dr. Gross would favor the use of the gum elastic catheter in these cases, and yet we find no mention of it in his remarks on the subject; thus conveying the impression that the silver catheter should be mainly relied on in practice, a recommendation which we consider far too indiscriminate.

Under the head of "puncture of the bladder," Dr. Gross discusses the circumstances under which it may become necessary to reach the bladder, either by the rectum, perineum, or above the pubis; and each of these operations is described. The necessity for their performance, however, is extremely rare, and some surgeons have even doubted the propriety of it under any circumstances.

In the chapter on Incontinence of Urine, we find the following practical hints on the management of this troublesome affection occurring in children:

"In that variety of the affection which is met with in boys and girls, the cure may be greatly expedited by proper attention to the diet, which should always be bland and unirritant. Late suppers are avoided, and the patient must abstain entirely from drinks for several hours before going to bed. During the night he is to be waked two or three times for the purpose of emptying his bladder, and this practice is to be per-

sisted in for weeks, and even months, until the disagreeable habit is broken up. During all this time, as well as, indeed, for a long period afterwards, the child should lie upon his side, to prevent the urine from coming in contact with, and irritating the neck of the bladder. The internal remedies from which I have derived most benefit in the treatment of this affection, are strychnine and cantharides, given three times a day, in the proportion of the twelfth or sixteenth of a grain of the former to the eighth or tenth of a grain of the latter, according to the age of the subject. A minute portion of opium forms a valuable addition: and, in atonic cases, I often combine with these articles some of the preparations of iron. When the strychnine disagrees, or fails to answer the purpose, we may substitute the extract of *nux vomica*. In either case, it is important to watch the effects of the remedy. I have great confidence in the use of cantharides in this affection, and have known it to afford relief when everything else seemed to prove unavailing. I prefer the powder to the tincture, and occasionally continue the exhibition of it until slight strangury is induced."

Our author does not seem to have been aware of the valuable paper of the late Dr. Otto, of Philadelphia, on this subject, published in the *North American Medical and Surgical Journal*, in 1830. The treatment introduced by Dr. Otto, and since successfully practised in this city, consists of the free use of *uva ursi* tea, and the muriated tincture of iron, with cold dash, blister to the sacrum, &c.

Chapter XVII enters into an elaborate examination of the subject of urinary deposits, their origin, chemical constitution, and the modes of medical treatment adapted to the several varieties. And chapter XVIII treats at large of "Stone in the Bladder, its nature and causes, symptoms, and the different methods of operating for its relief." This chapter occupies 173 pages, and is a full exposition of the subject, bringing before the reader the latest improvements in the several operations for stone, and comparing with judgment their relative merits.

Our space will not permit us to follow the author through this interesting portion of his work, but we can recommend its careful perusal and study, especially to the younger members of the profession who wish to be thoroughly acquainted with this important branch of surgery.

The Diseases and Injuries of the Prostate Gland form Part II. of the volume.

These affections are considered in their proper order, and are illustrated by a series of handsome wood-cuts. We regret that

we must also pass over the many interesting points embraced in this part of the work, for although our author has not been able to bring forward anything new in the treatment of these diseases, yet he has presented the existing state of knowledge on the subject, in a clear and perspicuous manner.

Part III treats of the "Diseases and Injuries of the Urethra," including rupture or laceration, stricture, tumors of the urethra, neuralgia of the urethra, foreign bodies in the urethra, infiltration of urine, fistula, false passages, &c. &c., covering 116 pages.

A large amount of practical matter of great interest is here brought together, but we are prevented from even presenting a glimpse of it to our readers.

We can cordially recommend the volume of Dr. Gross both to the practitioner and student, as an excellent systematic treatise on a class of diseases both common and important. It is highly creditable to him, and no less so to our national medical literature, yet struggling for an existence, but destined in no distant day to form an important part in the great republic of medical letters.

Southern Medical Reports. Edited by E. D. FENNER, M. D.,
of New Orleans. Vol. I. 1851.

We regret that the late period at which we received this interesting volume, has prevented our giving it that extended notice which its merits demand. At some future time, not far distant we trust, we will lay before our readers a digest of its contents. In the mean time we bespeak for it the earnest attention of the profession in the North as well as in the South, as containing matter that will amply repay perusal.

Special Anatomy and Histology. By WILLIAM E. HORNER, M. D., Professor of Anatomy in the University of Pennsylvania, Senior Surgeon to the St. Joseph's Hospital, &c. *Eighth edition. Illustrated with anatomical figures. In two volumes.* Philada. Blanchard & Lea, 1851.

A new edition of this popular and standard treatise on Anatomy having been called for, the author has incorporated into it

such improvements as the advancing condition of the science required. The text has been, in many places, modified in accordance with existing views, and a number of new illustrations added to it. Upon a work so extensively known, and so generally acceptable, it would be useless to comment; it has already received the most convincing proof of its popularity and usefulness in its rapid sale. Having announced to our readers, therefore, this new issue, we commend it to all as one of the best books on the subject in the English language.

The Laws of Health, in relation to Mind and Body. By LIONEL JOHN BEALE, M. R. C. S. Philadelphia, Lea & Blanchard, 1851. pp. 295.

This is a sensible and agreeably written work on a somewhat hackneyed subject. We feel, however, altogether disposed to admit the force of the author's plea, that, "although there are many works on health addressed to the public, yet it cannot be said that their influence has been sufficient to supersede the necessity of another, while such manifold evidence continues of the desolations which afflict mankind from ignorance of the laws of health."

Books like this are certainly of the best tendency, and offer the most effectual antidote to the spread of quackery and charlatanism. We can recommend Mr. Beale's little volume as especially deserving of professional countenance and support. It contains a very clear resumé of the leading facts of physiology, with an excellent manual of dietetic and hygienic recommendations; and, although, perhaps, a little overloaded with metaphysical discussion, presents much that is truly admirable in the connection between intellectual and moral improvement and the maintenance of health.

We ask the attention of our readers to the following remarks on empiricism and false theories of medicine:

"Among the diseases to which the human frame is liable, of course many are incurable; and it is on the fears of persons thus afflicted that the inventors of novel modes of treatment, the proprietors of nostrums, and pretenders of all sorts, make their harvest. The art of medicine is partly empirical; many of the remedies we use have been discovered to be so by accident or experience: hence the opinion, that there may be

secret modes of cure, for particular diseases, in possession of persons who have never studied medicine. Upon this possibility, there has ever been a field for the owners of nostrums, the curers of disease by miracles, the projectors of new methods of treatment, as Homœopathy and Mesmerism, or the universal application of an old one, as Hydropathy.

As long as the world lasts there will be nostrums; every family remedy is one; and who can say that an old lady, who may have put together several simples, and formed a useful remedy for a cough, shall be prevented by law from giving or selling her medicine? Medical reformers argue, that all medical treatment should be confined to those who have proved their qualifications by proper tests; but the public will never admit of such an attack on liberty: nor would it be just, if it could be accomplished, for some very useful medicines have been nostrums, as James's powder. Until we can make medicine an inductive science, we have no right to ask for the exclusive privilege of medical treatment. The true method of putting down pretenders in medicine, as in every thing else, is to enlighten the public mind—it is ignorance which affords patronage to secret remedies, miraculous cures, and quackeries of all sorts, both in and out of the domain of physic. When all medical practitioners shall cease to be pretenders to more knowledge than they really possess, then will the public cease to patronize quackery;—and a more complete education—intellectual, moral and professional—of all classes of medical practitioners, engendering higher views of their duties, will cause them to rank higher in the estimation of the public, and be productive of greater benefit, than any exclusive privileges which the Legislature could confer upon them."

Dispensatory of the United States of America. By GEORGE B. WOOD, M. D., Professor of the Theory and Practice of Medicine in the University of Pennsylvania, &c. &c., and FRANKLIN BACHE, M. D., Professor of Chemistry in Jefferson Medical College of Philadelphia, &c. &c. *Ninth Edition, carefully revised.* Philadelphia: Lippincott, Grambo & Co., 1851. pp. 1456.

The ninth edition of the U. S. Dispensatory, just issued, has closely followed the publication of the last, which appeared only two years since. This has, however, been rendered necessary, not only by the great accumulation of valuable additions to the *Materia Medica* during the period in question, but also by the recent publication of the decennial editions of the United States and British Pharmacopœias. The new edition of the Dispensatory is enlarged between sixty and seventy pages beyond the limits of the last. It is, perhaps, superfluous for us to say that it fully keeps pace with the progress of the *Materia Medica* and

Pharmacy ; and, in view of the very great mass of new materials which the authors have had to deal with, they have indeed been particularly successful in performing the difficult task of selection and condensation. The "ninth edition" in every way maintains the reputation of the Dispensatory as a standard national work.

The Geological Observer. By Sir HENRY T. DE LA BÉCHE, C. B., F. R. S., &c., Director General of the Geological Survey of the United Kingdom. Philadelphia. Blanchard & Lea, 1851. 8vo. pp. 695.

We have great pleasure in bringing to the notice of our readers the very handsome reprint of Sir H. De La Béche's excellent work on Geology, with which we have been favored by the publishers, Messrs. Blanchard & Lea. It is one of the best elementary works on the subject, in the language.

A New Sign Language for Deaf Mutes. By ALBERT J. MYER, Buffalo, 1851.

This pamphlet is a *thesis* for the degree of Doctor in Medicine, presented before the medical department of the University of Buffalo, and published in accordance with a vote of the faculty. The author, who appears to have been formerly connected with a telegraph office, recommends the employment of Bain's alphabet as a new sign language (meaning of course a new alphabet) for deaf mutes. According to his suggestion, the finger is made to write upon a table, or "the hand of a companion or any portion of his body," it being understood "that whenever the finger rests upon the table, it is supposed to be drawing a line." Dots and lines are the symbols used in Bain's alphabet, and "to form a *dot*, the hand is brought in contact with the table or other object, and instantly returned to the standard position. To form a *line*, it is brought down similarly, retained for a longer period in contact, and in like manner returned to place."

This is undoubtedly a practicable alphabet for deaf mutes. But it is more complicated, more difficult to acquire, and more open to mistakes in practice, than the ordinary alphabet with

the fingers, which has moreover the advantage of being arranged to resemble the letters of the printed and written alphabet.

A Historical Sketch of Surgery, being an Introductory Lecture to a course on Surgery, in Geneva Medical College, N. Y.
By JAMES BRYAN, M. D.

This is a very pleasantly written sketch of the history of surgery, "from the revival of literature, to the end of the seventeenth century."

THE MEDICAL EXAMINER.

PHILADELPHIA, OCTOBER, 1851.

MEDICAL NEWS.

BRITISH PROVINCIAL MEDICAL AND SURGICAL ASSOCIATION.—The Nineteenth Anniversary of this Association was held at Brighton, Wednesday, 13th of August last; Dr. Jenks in the chair.

CONTEMPLATED ORGANIZATION OF THE PROFESSION IN KENTUCKY. A representation of the Physicians of KENTUCKY, is to assemble in convention at Frankfort in that state, on the 1st of October, with a view to the organization of a State Medical Society.

DR. HENDERSON AND THE UNIVERSITY OF EDINBURGH.—The Faculty of Medicine of the University of Edinburgh, is endeavoring to eject Dr. Henderson, Professor of General Pathology, from his chair, on the ground of his being an avowed homœopathist. The Senatus Academicus, consisting of the professors of all the faculties, refuses to sustain the Medical Faculty, and there the matter rests for the present, "with the possibility that the Medical Faculty may appeal directly to the Town Council."

LYING-IN HOSPITAL OF THE FACULTY, AT PARIS.—A change has lately been introduced at this hospital in the arrangements regarding new-born children. It had been observed that a great many lying-in women being assembled, *with their infants*, in one ward, the cries of the latter interfered materially with the rest of all the patients; it therefore occurred to the head midwife of the establishment to place all the infants away from their mothers, into a separate ward, where the little creatures are kept very cleanly, and have at once whatever medical assistance they may require.

There can be no doubt that rest is extremely advantageous to lying-in women, and that the atmosphere of a ward with so many mothers and infants must be prejudicial to the latter; but it may be questioned whether the frequent conveyance of sucklings to their mothers, both night and day, from one ward to another, is a circumstance free from risk to the infants. It seems, after all, much simpler to multiply the wards, and have them smaller, than part mother and child in the manner described.—*London Lancet*, Sept. 6th.

CUTANEOUS AND MUSCULAR GALVANISM IN PARIS.—Dr. Duchenne, (of Boulogne,) supported by most of the leading physicians of Paris, has lately introduced a peculiar mode of therapeutically using electricity. He calls it localized electrization, and it is principally to the skin and muscles that he applies, either by contact or induction, the currents produced by his peculiarly constructed instruments. Among the affections under the control of Dr. Duchenne's electrization, are sciatica, muscular rheumatism, hyperæsthesia, anæsthesia, &c., &c. He likewise stimulates directly the nervous expansions of internal organs, in cases of paralysis of such canals: as the rectum and its muscles; the bladder (for which a staff ending in a knob is passed into the rectum, and a catheter isolated with India-rubber, except where it is to come into contact with the muscular fibres, is introduced into the bladder;) the uterus (for which cavity a peculiar instrument is used;) the pharynx and œsophagus; the larynx; and by the instrumentality of the pneumo-gastric nerve, the stomach, liver, lungs, and heart.

The inventor uses his peculiar method for the excitation of the organs of sense, and the genito-urinary apparatus. One of the most striking innovations of Dr. Duchenne is the clever manner in which he succeeds in exciting single muscles, this faculty being of vast importance in the treatment of partial paralysis. We had ourselves an opportunity of seeing the manner in which Dr. Duchenne causes the contraction of any given muscle, at a demonstration lately given by him in London, at the

house of Dr. H. Bennnett, in the presence of several distinguished members of the profession. The experiments were made upon the face and arm of a groom, who volunteered his services; and by a peculiar mode of adapting the electricity by induction, and the pole with which the muscles were singled out, the inventor was able to foretel what kind of contraction of the arm or grimace in the face would be made. Our readers will find in the *Archives de Médecine*, vol. xxii. p. 263, and the February and March numbers, 1851, satisfactory details on this new method, of which our description will only give a faint idea.

We should not omit to state that Dr. Duchenne closes a paper (*Archives*, May, 1851) on the subject by these words: "As it will be useful to create a word which should exactly point out electricity by induction, as well as its application, may it not be allowable to use the name of the philosopher who has discovered this kind of electricity? Thus, in the same way as 'Galvani' has given his name to the electricity by contact, so can we likewise give to the electricity by induction the name of Faraday. This electricity would then be called 'Faradism,' and its application 'Faradization.' Such names would establish a clear distinction between the electricity by contact and that by induction, whilst they, at the same time, render due honor to a philosopher to whom medical science owes a discovery far more valuable in a therapeutical point of view than that of Galvani."—*Ibid*, Sept. 8th.

CLAIROVOYANCE IN THE SEVENTEENTH CENTURY.—"April 11th. 1681.—Honoured Sir,—I did receive your last letter, dated the 9th of this month, with much grief, haveing an account of your painfull feaver: I pray God it will not vex your body too much; and if by chance it should vex you longer, there is here a man that can cure it with sympathetical power; if you please to send me down the pearings of the nailes of both your hands and your foots, and three locks of hair of the top of your crown, I hope, with the grace of God, it will cure you. As for the compositions of them two masters, in my judgement, though weak, I like better Baptist's work than Pedro's, because Baptist work masterly, as you shall perceive, betwixt their bases. All Baptist's bases are singable where many of Pedro's are not so. Herewith my humble respects remaine, Honoured Sir, your most faithfull Servt., CESARE MORELLI."—*Diary of Sam. Pepys, Third Edition, by Lord Braybrooke, 1851, vol. v. p. 308.* [He, (Cesare Morelli) appears to have been a music-master. Many of his compositions are preserved in the Pepysian Library.]

THE DISEASE that has now for several years infested and destroyed the potato-crops, appears to be wearing out. Its ravages this season are evidently comparatively slight, except in Meath and Louth, in the province of Leinster. In some localities, where its traces have been detected, it presents so few of its old destructive features, as to be regarded with but little alarm. A month ago, however, there was dire apprehension as to the extent and severity of its ravages. Turnips will be, it is said, a partial failure, owing to the ravages of the diamond black moth; in some instances, this new plague has manifested itself to such an extent, that, in four or five days, the most luxuriant crop has been stripped of every green leaf, the mere stumps of the leaf-stalks remaining, where, a few days previously, the ground was covered with a healthy and vigorous vegetation.—*Lond. Med. Times.*

THE MEDICAL OFFICERS OF THE PARISIAN HOSPITALS.—A Bill has been introduced before the French Assembly for the regulation of hospitals, in which was a clause recommending that the physicians and surgeons should be appointed by the Administration. M. Schæleher proposed that the candidates should undergo a public examination, (the *Concours*,) and that the most successful should be selected. The Amendment was rejected by 391 votes to 204, and the entire Bill was definitively adopted. This new regulation, we presume, does away with the principle of *Concours*, as far, at least, as hospital appointments are concerned; nor do we regret it, as students fresh from the schools, and mere book-men, under its influence, were selectable in preference to hard-working, practical men. Patients in hospitals require the services of men who can correctly diagnose the diseases, and apply the mode of treatment most appropriate for their cure; not those of men who are able to describe the minute anatomy, physiology, and chemistry of the human frame, but who are often worse than useless in matters of actual practice.—*Ibid.*

EXTRAORDINARY ACCIDENT.—A man was lately admitted into the Portsmouth, Portsea, and Gosport Hospital, under the following singular circumstances:—He was trying to extract a cork from a large stone beer-bottle with his teeth, when it was suddenly driven into his gullet by the force of the carbonic acid which had been generated in the bottle. Medical assistance was immediately obtained, but unavailing, and the man was taken to the hospital,

where œsophagotomy was at once practised, and the cork, which measured about three inches and a half in circumference was extracted.

APPARATUS FOR TRANSFUSION.—The London Medical Times, for the 6th of September, in its notices of objects connected with medicine and surgery to be seen at the GREAT EXHIBITION, gives the following account of a very simple and ingenious apparatus for transfusion, invented by Mr. Whitehead. Its consists of a graduated glass funnel for receiving the blood, connected by a piece of flexible tube, with a glass tube about eighteen inches long, at the lower end of which is another piece of flexible tube several inches in length, to which the pipe is attached. On the lower piece of flexible tube is fixed a metallic ring, with a screw which compresses or opens the tube, and prevents or allows the flow of the blood. The pipe introduced into the vein is of the ordinary shape, and is attached to a metal plate to be bound around the arm of the patient by a piece of ribbon or tape. This apparatus is much simplified by the absence of a syringe, the force by which the blood is introduced being that of a column of blood nearly three feet in height.

PRUSSIAN DESPOTISM has just, at Breslau, deprived a physician, Dr. Borchard, of the right to practice his art—has withdrawn from him his medical license, because, in a speech delivered in the year 1848, he is said to have used treasonable language. Being tried for this offence at the time, he was condemned by a law tribunal to twelve year's imprisonment. On an appeal to another Court, this sentence was mitigated to three; which a third and final court of appeal has reduced to two. The Government, however, not finding this punishment sufficient, has, in order to increase it even beyond the rigor of the sentence, deprived the doctor for ever of his means of subsistence. The official document proclaiming this monstrous act of injustice and cruelty has been published in all official formality, in the *Neue Ober Zeitung* under the date of the 28th inst.

OBITUARY.—M. Teisseir, President of the Medical Society of the department of Aube, Director and Professor of the Obstetrical School of Troyes, died a short time ago, in consequence of a dissection wound made

whilst lecturing on anatomy.—Dr. Vasse, Professor of Surgery at Bonn, died lately at Marburg, at the age of 73.—We mentioned at the beginning of this year, the death of Naegele, of Heidelberg. His son, likewise Professor at the University of Heidelberg, has just died, at the age of forty.—*London Lancet.*

RECORD OF MEDICAL SCIENCE.

OBSTETRICS.

Case of Secondary Hemorrhage, occurring on the fourth day after Delivery, the Result of the Rupture of a bloody Tumor in the Cervix Uteri. By GEORGE JOHNSTON, M. D., Assistant Physician to the Lying-in Hospital.—M. H., aged 35, a strong, robust country-woman, was admitted into the Rotundo Lying-in Hospital, late on the night of the 21st September, 1850, labor pains having unexpectedly set in about three hours before. She states that it is her seventh pregnancy, that she has five children living, one having been dead-born at the full period, for which she could assign no cause; had always easy confinements; that considering herself to be only in the eighth month, she had travelled up on foot from the country, a distance of eighty miles, about four or five days previously, for the purpose of arranging pecuniary matters, calculating that she would be able to return home in sufficient time to be confined. During her journey, which occupied upwards of two days, she suffered much from fatigue, and exposure to cold and wet, which, together with her distress of mind, occasioned by the purport of her mission, all tended to bring on premature labor. The foetal heart could not be heard, nor had she felt the motion of the child since her arrival in town. On examination *per vaginam*, the os uteri was found to be about the size of a crown piece, breech presenting, membranes unruptured, pains apparently not of much strength. However, after a short and easy labor of about four hours' duration, the child was born with the membranes entire; on rupturing them, it was discovered to be a female of about eight months, and bore evident signs of having been dead for some time. The placenta was expelled in about ten minutes afterwards; no hemorrhage nor any untoward symptom supervened, and everything went on favorably for the first three days. The milk was secreted on the second day. At the morning visit of the 25th (her fourth day) she expressed herself quite strong; a cough which she had contracted on her journey, much better; no complaint, nor any uneasiness whatever. At half-past 1, P. M., the nurse called me in a great hurry, stating that the patient had been suddenly attacked with violent hemorrhage. On inquiry I found that she had not been out of bed, nor

had she been using any exertion. On reaching the bed-side (which was in less than a minute after hearing the report, and certainly not more than three from the first gush of blood), I found her lying on her back, countenance perfectly blanched, and expressive of great anxiety, which, with her neck, hands, and arms, was bathed in cold clammy perspiration. No pulse could be felt at the wrist; and the bed inundated with blood, which was still flowing rapidly from the vagina. The pillows were at once removed from underneath her head, thus placing her completely in the horizontal position; firm pressure was made over the uterus (which was found well contracted;) cold applied externally, and a stream of cold water was injected into the vagina and rectum. She was given three ounces of wine, with half a drachm of ergot of rye; at the same time a current of cold air was allowed to pass across her face; all of which had the effect of restraining the great flow, but not of completely checking the hemorrhage, for a slight trickling still continued. However, having restored somewhat the temperature of the body, by means of hot jars to the feet and warm blankets to the extremities, by stimulants (brandy) frequently repeated, beef-tea, &c., we were enabled once more to feel the pulse at the wrist; the color of the countenance returned slightly, giving us hopes that the worst had been overcome. The ergot was repeated, with forty drops of the acetum opii in an ounce of brandy and water, and pressure was maintained over the uterus by the hand for nearly half an hour. When about re-applying the binder, another sudden flow of blood took place, the hand being still on the uterus, and with it the expulsion of a large coagulum. She again became pulseless, and fainted, cold clammy perspiration once more bedewing the surface of her face, neck, and arms; this was succeeded by extreme restlessness with great anxiety, and the respiration became labored and gasping. Stimulants were again attempted to be administered, but they were with difficulty swallowed, and shortly after rejected; and she too soon gave evidence that all our efforts were unavailing, as she rapidly sank, just one hour and a half after the first attack of hemorrhage.

Autopsy.—The thoracic and abdominal viscera were found quite healthy, but pale and bloodless. The uterus was well contracted down in the pelvis. On closer inspection, just beneath the peritoneal covering, in the left iliac fossa, a tumor of moderately firm consistence was seen, about the size of a large walnut, having an ecchymosed appearance, which extended also some little distance on the outer side: this tumor was firmly attached to the lower part of the uterus. On removing the latter with its appendages, and laying it open from the os to the fundus, cutting in the mesial line through the anterior wall, the muscular structure was found to be quite healthy, and that portion of the inner surface which had been occupied by the placenta was well plugged with a dark and firm clot, portions of which were seen entering the mouths of the uterine sinuses, thus proving that they had not been the source of the hemorrhage. On the left side of the cervix, about one inch from the os uteri, was observed a ragged, sloughy-looking opening, the edges of which were very irregular, and of a black ash-grey color. This opening,

which was large enough to admit two fingers easily, communicated with a cavity the size of a small orange; it seemed to be formed in the substance of the cervix, and its external wall was found to be the projecting tumor before mentioned, as seen from the outside. On laying open this cavity, and washing away some loose clots (but carefully observing that there were no laminated coagula,) the lining membrane was found rugous, of a firm consistence, and resembling very much in appearance the mucous membrane of the vagina. Opening into this sac were seen the mouths of five or six blood-vessels large enough to admit a small bougie. Upon introducing a blowpipe into these open mouths, and inflating them, it was clearly demonstrated that they communicated with the uterine sinuses, for bubbles of air could be driven out of the vessels at the edge of the uterus where we had divided it, and with care and delicate manipulation pieces of bougie could be passed for a distance of nearly three or four inches along these ducts, which ran in various directions, some longitudinally, some transversely, and could even be protruded in one or two instances through their cut openings.

This case was read before the Obstetrical Society on the first night of its meeting this session, when it was considered by some of the members present to be a thrombus or bloody tumor occurring during labor. This opinion, so far, at least, as the former part of it is concerned, has been corroborated by Dr. Carte, the Curator of the College of Surgeons' Museum, who was kind enough to make a careful examination of the sac; but at what period the formation of it took place remains doubtful, for it hardly could have occurred during labor, which was extremely easy, as is evidenced both by the short time it occupied, and the manner in which the foetus was expelled, viz., in the membranes. It is, therefore, a case of peculiar interest, as well as an instance of one of the many casualties the obstetrician is liable to encounter in his course of practice, by which his reputation might be placed at stake and his character deeply involved; distressing, too, from its being almost, if not wholly, beyond his control, and which the vigilance of his most watchful anxiety would be unable to foresee.—*Dublin Quarterly Journal*.

Early Viability.—A lady, aged thirty-five, was confined, two months and seventeen days after having been driven over a rough road in a badly hung vehicle, of a very weak and small child; the whole extent of the gestation, calculated under circumstances very favorable to accuracy, had been exactly six months and ten days. The skin of the child was hardly formed of consolidation; there was no hair; the toes looked like a row of small pearls at the extremity of each foot, the fingers were so small that they were compared to lucifer matches; in fact, Dr. Ducos hardly thought the child could live.

As it seemed, however, inclined to swallow, toast-and-water mixed with milk was given. For the first ten days only, two tablespoonfuls of this fluid were given daily, the child always kept close to the fire, When two day old the infant took the breast, but it stopped at every

second act of suction, and these were so feeble that the mother hardly perceived them. She was therefore obliged to procure another child to empty the breasts. In this weak state the little creature continued until the time which would have been the natural term of gestation, without increasing much in size, but a little in weight. Six weeks after this time it began now and then to smile, being then full four months old, and has since been thriving satisfactorily.—*London Lancet, from Gazette des Hôpitaux.*

The Obstetrician's Toilet: Hints by PROFESSOR SIMPSON.—In a recent discussion upon Puerperal Fever, before the Medico-Chirurgical Society of Edinburgh, Dr. Simpson urged “the great importance of carefully ridding the fingers from all matters in the least degree likely to prove hurtful, if inoculated into the vagina of a puerperal patient.” Chloride of lime, he said, “has been recommended by various practitioners as a good wash for ridding the fingers from morbid matter.” Dr. Simpson “has used for the same purpose for years, daily, (or rather, generally, often during the day,) a solution of cyanide of potassium, which is more effective even than chloride of lime; and it had this other advantage, that it removes, readily and at once, all such stains as the fingers of the accoucheur are apt to receive in treating uterine diseases—with nitrate of silver, iodine and the like.

Dr. Simpson objects to the use of gloves. “He had been informed of an instance by Professor Patterson, in which a medical gentleman, after having lost several cases of puerperal fever, got rid of the disease in his practice by changing his clothes, and using chloride of lime, etc.; but it again returned to him, when he happened to deliver a patient, immediately after wearing a pair of gloves which he had used during the time of the puerperal epidemic: and certainly, if there was any piece of dress more apt to retain the contagion than another, it was this useless and superfluous appendage to our attire.”—*Edinburgh Monthly Journal, July 1851.*

On the Use of Indian Hemp as an Excitant of Uterine Contractions.—DR. CHRISTISON, of Edinburgh, considers Indian Hemp, (*Cannabis Indica*), to possess a remarkable power of increasing the force of uterine contraction during labor. He reports, in the August number of the *Edinburgh Journal of Medical Science*, some cases in which it was given, with this view, at the Maternity Hospital of Edinburgh. As compared with the action of ergot, that of Indian Hemp presents the following points of difference: “First,—While the effect of ergot does not come on for some considerable time, that of hemp, if it is to appear, is observed within two or three minutes. Secondly,—The action of ergot is of a lasting character, that of hemp is confined to a few pains shortly after its administration. Thirdly,—The action of hemp is more energetic, and perhaps more certainly induced, than that of ergot.”

PATHOLOGY AND PRACTICE OF MEDICINE.

On Anasarca in Disease of the Heart. By M. CHOMEL.—The progress of infiltration is ordinarily slow and progressive in affections of the heart; but, nevertheless, nothing is more common than to meet with individuals among the working-classes, who, while presenting the appearance of health, and without having manifested any sign of disease, are seized with anasarca, the physical and material signs of cardiac alterations not being present, or only, at all events, to a very slight degree. This is because there are causes prevailing in this class of society,—such as excess of labor, fatigue, watchings, misery, drinking,—which, in a measure, precipitate the course of the disease. These causes come in addition to the natural influence of the disease; and the anasarca appears at a period when without these it would not have manifested itself. So, when these causes are removed, and the patient is kept at rest, and sheltered from the unfortunate conditions that have given rise to so serious a complication, the œdema diminishes daily, and the patient soon leaves the hospital believing himself cured. New exposure to excesses, fatigue, or misery, reproduce the anasarca, which may be again dispersed, and that for several times; but after a certain number of such attacks, it in the end becomes permanent.

Frequently the appearance of an acute anasarca, throws a ray of light on obscure and embarrassing cases, indicating in a great majority of cases an acute disease of the heart. Doubtful endocarditis and pericarditis are often thus revealed to the observer by general œdema. M. Chomel thus considers that in the case of anasarca coming on, when we can discover neither change in the blood nor albumen in the urine, we are authorized in admitting the existence of disease of the heart or large vessels, even when all material signs of this affection are completely absent.—*British and Foreign Review, from L'Union Médicale, 1851, No. 26.*

On the Perforation of the Intestinal Canal by Worms. By Dr. BUCHNER.—The perforation of the intestinal canal by lumbricoids has often been denied. In No. 1 of the 'Med. Zeitung,' for 1850, however, Dr. Köppe relates a case in which such perforation seems to have resulted; and in the present note Dr. Buchner relates another. A strongly made woman, somewhat advanced in years, died in from eight to ten hours after the appearance of symptoms of acute peritonitis. On examination, the intestinal contents were found effused, and a large *ascaris lumbricoides* was lying in the immediate vicinity of the duodenum. In this gut there was observed an exactly circular hole, having sharply cut borders, and presenting an appearance unlike any ever seen in the intestinal canal by the author. It was accompanied neither internally nor externally by any signs of inflammation or other diseased appearance. No other cause of perforation could be discovered; and within the

duodenum other lumbricoids were found.—*Ibid*, from *Med. Zeitung*, No. 28.

On Amaurosis in Albuminuria, and Hyperacusia in Facial Paralysis.
By M. LANDOUZY.—M. Landouzy has recently made additional communications upon these subjects to the Académie. In regard to the occurrence of *disturbance of vision in albuminous nephritis*, his first publication took place in 1849, and although some observers have since failed to detect this coincidence, several others, among whom are MM. Roux, Forget, and Cunier, have been more successful; and in this Second Memoir, the author believes himself fully authorized in concluding:—1. That disturbance of vision is almost a constant symptom of albuminous nephritis, constituting a new species of amaurosis, which may be termed *albuminuric*. 2. The amaurosis is not attributable to a deterioration of strength. 3. It very frequently is the initial symptom, appearing before other pathognomic signs. 4. It appears, disappears, and returns, without exactly corresponding to the phases of the albuminuria or the œdema. 5. It leads to the belief that albuminous nephritis is the result of a change in the ganglionic system. In a still more recent communication (January 28) M. Landouzy refers to additional confirmatory observations, and states that he has now had frequent opportunities of remarking the amaurosis in albuminuria, consequent upon the application of two large blisters.

Excessive sensibility of the organ of hearing in facial paralysis is another of the unobserved coincidences to which M. Landouzy claims the merit of drawing attention. It is true that such was observed by M. Roux in his own case many years since, but was then considered as a mere accidental anomaly. M. Landouzy has now collected several cases in which hyperacusia existed, and from a consideration of these, draws the following conclusions:—1. Hyperacusia of the paralysed side is an almost constant symptom in facial hemiplegia, when independent of all cerebral affection. 2. It appears at the same time as the paralysis, and disappears before this. 3. It may be attributed to paralysis of the *tensor tympani*. 4. Hyperacusia may be present in some cases without facial paralysis. 5. Whether coinciding with the hemiplegia, or existing independently, it disappears spontaneously and completely, in a space of time varying from a fortnight to three months. 6. In some cases, in order to verify its existence, it is necessary to impress the ear with a loud, sudden sound, and the more so the longer the affection has continued. 7. Treatment directed especially to this symptom almost always fails to procure relief.—*Ibid*, from *Gaz. Med.*, 1850.

Tannin in Cholera.—During the recent epidemic of cholera, tannin was recommended and employed by the younger Græfe of Berlin. He prescribed it in upwards of thirty cases, several of which were in a state of collapse, and of these two only proved fatal. The dose was from five to ten grains, half-hourly or hourly. Dr. Willebrand, of Finland,

in reporting the treatment to the Medical Society of Sweden, states that he was himself a witness of this brilliant success.—*Lond. Lancet*, from *Förhandlingar vid Svenska Läkaresällskapets Sammanskomster*.

Lemon Juice in Acute Articular Rheumatism.—The foreign journals contain fresh testimony in favor of the treatment of rheumatism by lemon juice. Dr. Perkins, of Brussels, and Dr. Giraud, of Grenoble, report in its favor in the *Journal des Connaissances Medico-Chirurgicales*.

MATERIA MEDICA AND THERAPEUTICS.

Report of a Case of Accidental Poisoning by Tincture of Aconite. By JOHN TOPHAM, M. D., London.—A woman, twenty-seven years of age, laboring under the effects of anæmia, conjoined with leucorrhœa and gastrodynia, had a prescription given her, consisting of citrate of quinine and iron, dissolved in water. The dispenser, owing to some error in compounding, added half an ounce of tincture of aconite to the eight-ounce mixture ordered. At eleven o'clock in the morning, she took one tablespoonful of the above compound, and immediately felt a sensation of numbness in the tongue, accompanied by difficulty of swallowing; soon afterwards she began to cry violently, this act being accompanied by convulsive twitchings of the facial muscles. Immediately after this she lost the power of walking, and began to eject a quantity of mucus from the stomach. At half-past two o'clock, I saw her, and observed the following symptoms, which, joined to the details just mentioned, caused me to suspect that aconite had been taken. She was lying upon a sofa, resting upon her back, with her eyelids closed, and the pupils slightly contracted. She was quite unconscious when spoken to, and during an hour's observation she only spoke intelligibly twice, and then said, "What is it?" Every now and then she uttered a peculiar plaintive cry. She was continually moving her tongue round the interior of her mouth, from time to time thrusting the organ out beyond the lips, and moving it from side to side. The pulse was weak, but regular. The bystanders said that it had been intermittent. The hands and feet were cold. There was constant lachrymation, insomuch that a woman was continually wiping the sufferer's eyelids with a handkerchief. The intensity of symptoms varied greatly; sometimes she would lie quite still for several minutes, and then all at once be seized with a paroxysm of sighing, every now and then exclaiming, "What is it?"

I gave her sesquicarbonate of ammonia, with compound tincture of cardamoms, and hot brandy-and-water, ordered her bed to be warmed, and had her taken up stairs. Having to a certain extent rallied, she managed to go up a steep staircase, assisted by one person. She said that "her face felt very large," and that "all her teeth were coming out." During the night she had very little sleep, her rest being disturbed by dreams that she was falling from a height.

The next day she complained of pain in the lower part of the back and of a numbness in both arms, but these sensations soon subsided, and

no ill effects remained. After recovering, she stated that she had not the slightest recollection of what had occurred during two hours—*i. e.* from half-past twelve till half-past two o'clock.

Remarks.—The above is a good illustration of the effects of a poisonous dose of a preparation of aconite. At first sight the symptoms might have led to a suspicion that hysteria was the cause of the phenomena observed, but the sudden loss of sensation in the branches of the fifth nerve distributed upon the mucous lining of the tongue and the interior of the mouth, followed by vomiting, paralysis of sensation in the arms, &c., sufficed to suggest that poison had been taken, and that that poison was *aconite*.

The case also illustrates the uncertainty in the effects produced by the preparations of this substance, and suggests the degree of care which should be taken in prescribing them.

The exact quantity of aconitina contained in the tincture given in the present instance it is impossible to determine, owing to the inadequacy of our tests for that alkaloid; but upon inquiry at the manufacturer's, it was found that the tincture had been prepared by macerating four ounces of the root in one pound of spirit. Of this the patient had taken fifteen minims, a small dose, but one which, from a remark made by Professor Taylor, upon the authority of Dr. Pereira, would appear amply sufficient to occasion dangerous symptoms. Of course the strength of the tincture employed must be here taken into account, and this varies extremely; that prepared according to Dr. Fleming's directions consisting of powdered tubers and rectified spirit in the proportion of sixteen ounces (Troy) to sixteen fluid ounces, and there being some five or six other formulæ known. Pereira states that the 150th part of a grain of aconitina has sufficed to endanger the life of an individual; and the late Dr. Male, of Birmingham, died from the medicinal effects of eighty or eighty-seven drops of Fleming's tincture, taken at ten doses spread over a period of four days, the largest quantity swallowed at one dose being ten drops; whilst a case of recovery, after a dose of *two grains and a half* of aconitina, has been related by Dr. Golding Bird.—*London Lancet*.

Deaths from Chloroform.—A lady, thirty-six years of age, of a bilious sanguineous temperament, who had had three children, and whose health had always been satisfactory, was very much troubled with toothache. She had had four molar teeth extracted in the same sitting six or eight years previously; after which operation she had been seized with a convulsive fit. A little while ago the toothache became very distressing again, the patient had several nervous attacks, and was tormented with the idea that her dental pains exposed her to much danger.

She sought the advice of a practitioner, and consented to a new extraction, stipulating, however, that she should take chloroform. Her husband held her hand, whilst her head was leaning against her maid; but before she had inhaled any chloroform, she started up, and attempted

to run away, using very incoherent language. When a little calmer, she sat down again, and a cloth, upon which a little less than two drachms of chloroform had been poured, was placed before her mouth and nose. The patient soon pointed out, by a few words, that the chloroform was beginning to take effect, and then became insensible. The operator extracted three teeth with the greatest promptitude, and only stopped when the husband directed his attention to the patient, who seemed to have fallen into an extraordinary state. On close examination, she was discovered to be quite dead, and the best directed efforts were fruitless in reviving her. (DR. EISSEN in *Gaz. Med. de Strasbourg*.)

Another case of death from the use of chloroform occurred at the Seamen's Hospital, London, on the 8th of last July, in an operation for the removal of a diseased testis.

Experiments on the Effects of Nicotine.—This alkaloid, which has acquired some renown from the crime and execution of Count Bocarmé, in Belgium, was administered to various animals by M. Vleminckx, of Brussels. The following results were obtained:—

1. One drop killed a sparrow in twenty five seconds. 2. Half a drop destroyed another sparrow in forty seconds. 3. Two drops killed a cock of large size in forty seconds; the same effect being produced in a minute, by the same dose, upon a rabbit. 4. A small dog died in two minutes, thirty seconds, after taking two drops of nicotine, dissolved in ten of sulphuric ether. 5. Four drops, in the same menstruum, killed a cat in three minutes. 6. One drop was placed on the conjunctiva of a middle-sized dog; vertigo, weakness, and trembling ensued, and the cornea became hazy and rough. After six minutes he recovered. Two drops were then put upon the tongue of the same dog: he soon fell, after tottering about, and eventually recovered. Another and larger dog had ten drops: the symptoms were of the convulsive character. Vinegar was poured down his throat, and he regained his powers soon afterwards, though he threw up the vinegar.

The inspections proved that the most constant pathological changes were, congestion of the vessels of the pia mater, and especially a very intense congestion of the lungs.—*London Lancet*.

Solution of Gutta Percha in Chloroform.—DR. RAPP, of Bamberg, having observed that collodion, when applied for surgical purposes, loosens, if the skin is moist or transpiring, or if blood trickles down, has therefore, in place of it, employed a solution of gutta percha in chloroform, 7 grs. to 3j., and speaks of it as forming a very pleasant and effectual adhesive dressing. A solution of one part to eight or nine, is as easily applied by a pencil as collodion.—*London Med. Times, from Buchner's Repert.*

On Aconite in Lichen and Prurigo. By M. CAZENAVE.—Believing that, in papular affections of the skin, the essential thing is to subdue hyperæsthesia, of which the eruption is but the consequence, M. Cazenave has been long in the habit of employing the extract of aconite with great success. The intense and irresistible itching rapidly diminishes, and afterwards ceases. He divides fifteen grains into forty pills and gives one or two night and morning.—*British and For. Med. Chir. Rev., from Bullet. de Thérap.*

SURGERY.

On Bronchotomy in Œdematous Laryngeal Angina. By M. SESTIER.—This is a very elaborate and valuable paper, having for its object, the inculcation of a more frequent recourse to operative procedures for the relief of œdematous laryngeal angina, commonly called œdema of the glottis; a term objected to by Dr. Sestier, inasmuch as the arytenoid-epiglottal folds are much oftener the seat of the disease than the rima glottidis. The author bases his remarks upon 168 cases of the disease which he has collected, in 36 of which the operation was performed often under very unfavorable circumstances, saving life in 13 and prolonging it in 8, although death eventually occurred. He minutely analyses the circumstances under which the disease occurred, and exhibits the amount of success to be expected from the operation, accordingly as it is applied to the different categories into which he has distributed the cases. He also compares the results obtainable from it in this and in other affections; and finds that, while the operation for œdema is less successful than when undertaken for erythematous laryngitis, or for the removal of foreign bodies, it is more so than when performed for croup.

From his investigations it results, that the probability of its success is very much dependent upon the prior healthy state of the larynx, and the fact of the patient not suffering from other serious disease. But he believes it should still be performed even when the œdema is consecutive to severe laryngeal disease, though it has then succeeded only in 1 out of 19 cases, during convalescence from other disease though it has failed in 4 out of 6 such cases, and when concomitant with various other diseases, though it has then failed in 15 out of 17 times. In fact, he would recommend it in all cases, save when the angina is the *ultimate phenomenon* of incurable and advanced disease, the fatal issue of which would be probably accelerated by it. In several such cases, however, the object would be only to prolong life, and this should be distinctly stated; but in others, apparently desperate, nature's resources would be by it brought advantageously into play.

As to the *epoch* at which the operation should be undertaken, this must *not* be as soon as the disease is recognized, for in 28 well-marked cases it was cured by ordinary means; and these, when energetic, have several times proved of avail even after severe suffocative paroxysms and great

intervening dyspnœa have become established. On the other hand, we must *not wait* until it is absolutely certain that the patient will speedily die unless the operation be performed, as he would then often die during or soon after it. We must not be deceived by the dangerous calm which follows prolonged suffocative paroxysm, and is only the precursor of speedy death. It is difficult to fix any precise period; but it may be laid down, that if in spite of active means rapidly employed, the difficulty of respiration continues to increase, *the respiratory murmur heard by auscultation becomes more and more feeble*, and the suffocative paroxysms are on the increase, the operation is urgently indicated; and it is far more safe to operate *too soon* than *too late*, success being proportioned to the early performance.

There are four circumstances under which the performance of the operation should be hastened. 1. *The debility of the patient at the period of the invasion of the angina*; and doubtless this is the reason why it has so frequently failed, when had recourse to during convalescence from other diseases. The more enfeebled the patient prior to the invasion, the earlier should be the operation. 2. The presence of *deep-seated lesions of the larynx* prior to the invasion. As these have induced the œdema, so they will maintain it. 3. *Œdema of the interior of the larynx*. In 41 autopsies out of 107 collected by the author, partial intra-laryngeal œdema prevailed in 18, and complete in 23, the *chordæ vocales* being almost always implicated in both. In four-sevenths of 57 cases of laryngeal œdema, in which the interior of the larynx has been described, this has been present. It adds much to the danger of the case, inasmuch as it is inaccessible to direct applications, and the close texture of the cellular tissue here causes the disease to yield less readily to indirect ones. Its diagnosis is therefore important, and is derived from observing (1,) that it never occurs but in patients who were already ill from some cause when the œdema appeared; (2,) when found in œdematous angina in connection with inflammation of the fauces, the patients have already suffered from some other forms of disease, and especially from serous diatheses; (3,) it has been found in three-sevenths of the cases of œdematous angina dependent upon laryngitis, and especially when the serous diathesis was present; (4,) the facility of *expiration*, as contrasted with that of *inspiration*, characteristic of ordinary œdematous laryngeal angina, was not observed in seven-twelfths of the cases in which intra-laryngeal œdema was present—the obstacle to respiration being then a more fixed one; (5,) in 11 out of 12 cases of laryngeal œdema in which the fauces were found infiltrated, the œdema was also intra-laryngeal. 4. *Rapidly increasing œdema of the soft parts of the neck*, which renders the operation difficult or impossible.

M. Sestier recommends an operation, even if the patient seems in the *agony of death*, providing this depends upon the œdema itself, and not upon preceding irremediable disease. Cases are related of life being thus saved. Even when the patient is *apparently dead*, we must not always renounce the operation. A recovery under these circumstances occurred to M. Trousseau; and some of the patients who have died du-

ring the preparations for the operation, or just before the arrival of the surgeon, might probably have been saved. If *during the operation* the patient sink as if lifeless, the operation must be rapidly continued, and in this way two recoveries were procured.

In this disease we should always carefully watch the patient *under the expectation of having to operate*. 1. The course of the disease is frequently excessively rapid. In more than half of 65 cases in which no operation was performed, death occurred at various periods within 24 hours. 2. Certain forms are especially remarkable for their rapid course, as those dependent on inflammation of the fauces, on anasarca after scarlatina, on cachectic diathesis; as also when consecutive to a wound of the neck, with infiltration of blood into the cellular tissue external to the larynx. On the other hand, its progress is slower when it is dependent on deep-seated laryngeal lesions. 3. When the disease assumes the continuous form, it is much more rapid in its course than is the paroxysmal. 4. Sometimes while the patient's condition seems ameliorated, he yet dies suddenly amidst paroxysmal suffering. A remarkable calm after severe paroxysms is sometimes a precursor of death. 5. The nocturnal aggravation of the disease is indubitable, and calls for watching.

Among the varieties of *operative procedure*, the author prefers *cricotracheotomy*, by which the difficulty often arising from an oedematous state of the neck is avoided, and the penetration of air into the veins, (this accident occurred twice in 36 operations, although no mention is made of it in 333 cases of bronchotomy for other affections,) and of blood into the air-passages, rendered less likely. It is far easier than tracheotomy, and fitter for the inexpert surgeon, called in on emergency. He gives minute directions for the performance of the operation; but as these do not apply especially to this disease, we need do no more than refer to them.—*Ibid. from Archives Générales.*

Case of Simulated Neuralgia from a common Pin, which had been swallowed, and in eight months after emerged from the surface of the body. By H. C. FIELD, M. D.—After some remarks on cases in which pins have been said to have been swallowed, or thrust into parts of the body, Dr. FIELD relates the following case:

CASE. Mary M., a healthy woman, aged 30, in July, 1842, came to the Stillorgan Dispensary. She said her mouth had been full of pins: that she had accidentally swallowed one, which was choking her. Dr. Field immediately relieved her by using a probang. In the following October, he was requested to visit her as a dispensary patient; she then told him that she was in the greatest agony in her hip-joint, extending down the limb on the same side. He immediately bled her largely from the arm, had her cupped over the seat of pain, and gave her two grains of opium. The next day, she had some short sleep, but the pain was still very great. After exhausting every means he could think of, narcotising, mercurialising, blistering, and tonics, Dr. Field at length advised her to try a hospital. After submitting to various remedies in Steevens'

Hospital, without more than temporary relief, she was advised to go into the country for change of air, being greatly emaciated. She came again, greatly reduced in flesh, to the country, where Dr. Field saw her, but did nothing for her; and after remaining some time at home, suffering still from what appeared to be severe neuralgia, and being much reduced, she one day felt a sudden remission of the pain, and three days after it left her. From this time she rapidly recovered her health and strength, and was soon able to leave her bed. Shortly after, she found what she called a sore pimple on the inside of her thigh, which she poulticed and plastered, but could not cure; and having quite regained her strength, after an illness of *eight months*, she walked to the dispensary. On examining the pimple, Dr. Field found in its centre a sharp point; and after a little, he extracted, by its point, a large pin. Dr. Field thought that the simulation of idiopathic disease, for so long a time by a foreign body, rendered it extremely interesting, and established the *possibility* of a common pin, after being swallowed, emerging from the surface of the body.—*London Journal of Medicine*.

A modification in the Operation for Hare-lip.—M. COSTE, chief surgeon of the Hôtel Dieu of Marseilles, has been endeavoring to devise the means of obviating the ugly notch which too often remains after the operation for hare-lip. M. Coste states that the modification proposed and practised by M. Malgaigne is only applicable in double hare-lip, and that in the simple deformity M. Malgaigne's method produces an unsightly prominence.

The author in simple hare-lip, (which lies generally on the left side,) has succeeded in avoiding the notch altogether, by cutting a horizontal flap in the red part of the lip on one side, and a kind of half mortise on the other. In paring the margins of the fissure, he takes off more substance than is generally done; the flap and mortise are well secured by twisted suture, and by one of the diminutive spring-forceps called "*serre fines*;" one transverse needle is placed a little higher up, and no application whatsoever made, so that the progress may be more accurately watched. M. Coste has thus succeeded, upon a little boy, twelve years of age, in completely avoiding the above-mentioned notch.—*London Lancet*.

A Case of Obstruction of the Colon, relieved by an Operation performed at the Groin. By JAMES LUKE, Esq.—The subject of this report was a man aged sixty, who, on December 16, 1850, first complained to the author of feeling generally unwell. He had no pain, but his countenance was depressed, his eyes sallow, and his tongue coated. The bowels were confined, and lately medicine had acted with difficulty on them. An aperient was ordered, and on the following day he passed a small lumpy motion, but without relief to the symptoms; castor-oil was ordered, but after a time was rejected by vomiting. On the 18th, there was no relief from the bowels; and he vomited everything he took. From this time,

he progressively got worse, in spite of all the means resorted to for his relief. He complained of pain chiefly about the region of the cæcum. The transverse arch of the colon could be felt distended and tympanitic. A careful observation of the case had led the author to believe, that there was obstruction in the bowel about the sigmoid flexure of the colon, and it was resolved, as a last resource, to operate. The operation was performed on the 23rd. Mr. Luke opened the abdominal parietes near the groin, by an incision four inches in length, a little to the outside of the course of the epigastric artery, the lower extremity of which incision terminated a little above Poupart's ligament. The peritoneum was opened to about two inches. On passing the finger down the surface of the intestine, which now protruded, a diseased mass could be felt, which appeared to encircle the intestines. The bowel was then opened above this part; a large quantity of fæculent matter came away, and the patient expressed himself as relieved. On now passing the finger into the bowel, it was found to be impervious about two inches below the aperture. After the operation, the recovery of the patient was rapid. On the second day, fæces passed *per anum*, and continued to do so for more than a month, when their passage through the natural opening ceased; it was again partially restored, but from this time the greater part of the fæces passed by the wound. This was closed by a well-fitted pad, and he had been enabled since to pursue his ordinary occupation almost without interruption.

The author then remarked on the danger of protracted delay in relieving such cases; a delay which is, however, to a great extent rendered necessary by the difficulties of diagnosis. The distension of the colon and the evidence afforded by the proper introduction of the long tube, were pointed out as the two most accurate means for determining the seat of obstruction, when it is situated at the lower part of the colon. The advantages of the operations of Amussat and Littre were then compared, and the author, while admitting the advantage gained by operating in the loins, as proposed by the former—of not opening the peritoneal cavity—yet thought that the operation in the groin offered certain advantages. By the operation in the loins nothing more could be done than opening the intestine; but this might in some cases be improper—as where obstructions were produced by fibrous bands overlaying the intestine, or by strangulations, the result of causes acting exteriorly to its tunics. In these cases, the proper treatment is to divide the bands, or relieve the cause of strangulation. In the event, too, of an error of diagnosis, the opening in the loins does not provide any facilities for correcting the error. The danger of total failure of affording relief consequent upon this state of things, must therefore be attributable as a demerit to the operation in the loins. Besides, the opening cannot be conveniently attended to by the patient himself, and there exists frequently a great disposition to contraction, from the great depth of the wound, which requires renewed surgical interference. With the exception of the necessary peritoneal section, the operation of opening the abdominal parietes at the groin, in all cases of obstruction, or suspected obstruction, in the lower part of the colon, appeared to the author to be preferable. It af-

fords facilities for modifying the treatment, either by opening the intestine, when incapable of relief by other means, or by dividing or removing any existing cause of strangulation. It enables the surgeon to extend his search within a limited range, in the event of the diagnosis proving incorrect; it allows him to open the bowel as close as possible to the seat of obstruction, and it secures to the patient the facilities for attending to his own comfort.—*Lon. Jour. of Med.*

Successful Case of Ovariectomy. By JOHN BEALE, ESQ.—The patient was a woman, aged 30, unmarried. The ovarian tumor was hard to the touch in the left iliac region and left hypochondrium, but soft and fluctuating on the opposite side, evidently in two distinct sacs, moveable, and not tender. It was removed on December 4, 1850, about a year after it was first perceived. The incision was ten inches in length, extending from the scrobiculus to the pubes. Two cysts were punctured, and their contents removed, before the tumor could be extracted; the pedicle was tied by a double ligature passed through its base, and the tumor was then separated as near as possible to it. The uterus and right ovary were healthy. Everything went on favorably; on the 15th of December, she was able to walk about the room; and on the 25th, the ligature came away. The tumor was 3 ft. 2 in. in its largest circumference, and 2 ft. 1½ in. in its smallest; it weighed 25 pounds; it was multilocular, marked on the surface by bands of white fibrous tissue corresponding with the septa of the cysts. The cysts varied very much in size, and in the density and tenacity of their contents; in the smaller ones, the fluid was clearer and thinner. The average specific gravity was 1010, but the fluid contained a very large quantity of albumen. The total amount of fluid was from 21 to 23 pints.—*Ibid.*

New Application of the Inhalation of Chloroform.—M. Guisard, doctor of medicine, and member of the French Assembly, has written to *L'Union Médicale*, to state that his son, about three years of age, and affected with phimosis, had just been relieved from very distressing symptoms by inhalations of chloroform. It appears that the little patient experienced great agony in passing urine, and the distress was so great that he overcame the necessity of performing this function, and obstinately refused to relieve his bladder.

He was placed under the influence of chloroform, so that the phimosed prepuce could be incised, and hardly had its effects taken place than the urine began to flow, and the bladder was emptied. The next day, the child was equally obstreperous, and the same means brought about the same results. M. Guisard thinks that these facts may open a new path for the treatment of the retention of urine or of fecal matter.—*London Lancet.*